05/15/2009 10:46

FORM 3X

FE6AN026

REPORT OF RECEIPTS AND DISBURSEMENTS

- OTHWOX	For Other Than An Authori	zed Committee	Office Use 0	Only
NAME OF COMMITTEE (in full)	USE FEC MAILING LABEL OR TYPE OR PRINT ₩	Example:If typing, type over the lines		
Massachusetts Republican S	State Congressional Committee			
ADDRESS (number and street)	85 Merrimac Street, Suite 400			
Check if different				1
than previously reported. (ACC)	Boston		MA 0211	14 -
2. FEC IDENTIFICATION NUM	MBER ♥ CITY ▲		STATE A ZIF	PCODE A
C00042622	3. IS TH REPC		AMENDED (A)	
4. TYPE OF REPORT (Choose One)	(b) Monthly Report Feb 20 (M2) X May 20 (M5	5) Aug 20 (M8)	Nov 20 (M11) (Non-Election Year Only)
(a) Quarterly Reports:	Mar 20 (M3) Jun 20 (M6)	Sep 20 (M9)	Dec 20 (M12) (Non-Election Year Only)
April 15	Apr 20 (I	M4) Jul 20 (M7)	Oct 20 (M10)	Jan 31 (YE)
Quarterly Report(C	Q1) (c) 12-Day	Primary (12P)	General (12G)	Runoff (12R)
July 15 Quarterly Report(C	PRE-Election Report for the:	Convention (12C)	Special (12G)	
Quarterly Report(C January 31 Quarterly Report(Y				the tate of
July 31 Mid-Year Report(Non-election Year Only) (MY)	on (d) 30-Day Post -Election	General (30G)	Runoff (30R)	Special (30S)
Termination Repor	rt Report for the:	·		
(TER)	Election on			the tate of
5. Covering Period 0	4 01 2009	through 0 4	30 2009	
I certify that I have examined this	Report and to the best of my knowled	dge and belief it is true, correc	ct and complete.	
Type or Print Name of Treasurer	Brent Andersen			
Signature of Treasurer Electro	onically Filed by Brent Andersen		Date 0.5 1.5	2009
NOTE : Submission of false, erro	oneous, or incomplete information ma	y subject the person signing t	this Report to the penalties of	2 U.S.C 437g.
Office Use				ORM 3X 12/2004)

SUMMARY PAGE

OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 02/2003) Page 2 Write or Type Committee Name Massachusetts Republican State Congressional Committee [®] D " D 0.4 0 1 2009 0.4 3 0 2009 Report Covering the Period: From: To: **COLUMN A COLUMN B** This Period Calendar Year-to-Date (a) Cash on Hand 25389.18 2009 January 1 (b) Cash on Hand at 68013.13 Begining of Reporting Period 41372.07 249035.79 (c) Total Receipts (from Line 19) (d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 109385.20 274424.97 6(a) and 6(c) for Column B) 75676.02 240715.79 7. Total Disbursements (from Line 31) Cash on Hand at Close of Reporting Period 33709.18 33709.18 (subtract Line 7 from Line 6(d)) 9. Debts and Obligations owed the committee (Itemize all on 0.00 Schedule C and/or Schedule D) 10. Debts and Obligations owed the committee (Itemize all on 23089.09 Schedule C and/or Schedule D) This Committee has qualified as a multicandidate committee. (see FEC FORM 1M) For further information contact: Federal Election Commission 999 E street, NW Washington, DC 20463 Toll Free 800-424-9530

Local 202-694-1100

DETAILED SUMMARY PAGE OF RECEIPTS

FEC Form 3X (Rev. 06/2004) Page 3

Write or Type Committee Name

Massachusetts Republican State Congressional Committee

0 1 3^D0 м м 0 4 м м 0 4 2009 2009 Report Covering the Period: From: To: **COLUMN A COLUMN B** I. Receipts **Total This Period** Calendar Year-to-Date 11. Contributions (other than loans) From: (a) Individuals/Persons Other Than Political Committees 192296.66 24508.33 (i) Itemized (use Schedule A) 10076.00 47634.00 (ii) Unitemized (iii) TOTAL (add 34584.33 239930.66 Lines 11(a)(i) and (ii) 0.00 0.00 (b) Political Party Committees Other Political Committees 5000.00 5000.00 (such as PACs) Total Contributions (add Lines 11(a)(iii),(b) and (c)) (Carry 39584.33 244930.66 Totals to Line 33, page 5) 12. Transfers From Affiliated/Other 0.00 0.00 Party Committees 0.00 0.00 13. All Loans Received 0.00 0.00 14. Loan Repayments Received 15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) 1787.74 4105.13 (Carry Totals to Line 37, page 5) 16. Refunds of Contributions Made to Federal candidates and Other 0.00 0.00 Political Committees 17. Other Federal Receipts 0.00 0.00 (Dividends, Interest, etc.) 18. Transfers from Non-Federal and Levin Funds (a) Non-Federal Account 0.00 0.00 (from Schedule H3) 0.00 0.00 (b) Levin Funds (from Schedule H5) 0.00 0.00 (c) Total Transfer (add 18(a) and 18(b)). 19. Total Receipts (add Lines 11(d), 41372.07 249035.79 12, 13, 14, 15, 16, 17, and 18(c)) 20. Total Federal Receipts 41372.07 249035.79 (subtract Line 18(c) from Line 19)

DETAILED SUMMARY PAGE

of Disbursements

Page 4

FEC Form 3X (Rev. 02/2003)

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
Operating Expenditures: (a) Shared Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share	0.00	0.00
(ii) Non-Federal Share	0.00	0.00
(b) Other Federal Operating Expenditures	59583.97	194777.33
(c) Total Operating Expenditures	59583.97	194777.33
(add 21(a)(i), (a)(ii) and (b))		
Committees	0.00	5000.00
Federal Candidates/Committeesand Other Political Committees	0.00	103.31
4. Independent Expenditure (use Schedule E)	0.00	0.00
5. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F)	0.00	0.00
6. Loan Repayments Made	0.00	0.00
7. Loans Made	0.00	0.00
7. Refunds of Contributions To: (a) Individuals/Persons Other		
Than Political Committees	0.00	0.00
(b) Political Party Committees (c) Other Political Committees	0.00	0.00
(such as PACs)	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c))	0.00	0.00
9. Other Disbursements	0.00	0.00
0. Federal Election Activity (2 U.S.C 431(20))		
(a) Shared Federal Election Activity (from Schedule H6)		
(i) Federal Share	0.00	0.00
(ii) "Levin" Share	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds	16092.05	40835.15
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b))	16092.05	40835.15
. Total Disbursements (add Lines 21(c), 22,	75070.00	040745 70
23, 24, 25, 26, 27, 28(d), 29 and 30(c))	75676.02	240715.79
2. Total Federal Disbursements		
(subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31)	75676.02	240715.79

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

	III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33.	Total Contributions (other than loans) from Line 11(d), page 3)	39584.33	244930.66
34.	Total Contribution Refunds (from Line 28(d))	0.00	0.00
35.	Net Contributions (other than loans) (subtract Line 34 from Line 33)	39584.33	244930.66
36.	Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))	59583.97	194777.33
37.	Offsets to Operating Expenditures (from Line 15, page 3)	1787.74	4105.13
38.	Net Operating Expenditures (subtract Line 37 from Line 36)	57796.23	190672.20

FE6AN026

Form/Schedule: F3XN

Transaction ID:

ALL ACTIVITY WAS SOLELY RELATED TO MASS.REPUBLICAN PARTY ACTIVITY. NO ACTIVITY INVOLVED A CANDIDATE. NO MAILINGS OR OTHER ACTIVITY MENTIONED ANY OTHER FEDERAL CANDIDATE. NO ACTIVITY MENTIONED ANY OTHER FEDERAL

CHEDULE A (FEC Form 3X) FEMIZED RECEIPTS)	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 7 / 57 (check only one) X
ny information copied from such Reports and r for commercial purposes, other than using to NAME OF COMMITTEE (In Full) Massachusetts Republican State Co	he name and addr	ess of any political committee to	on for the purpose of soliciting contributions
/ Massachusetts Hepublican State So	rigiessional ooi		
Full Name (Last, First, Middle Initial) Arthur Allen Mailing Address 2 Pearson Plaza			Date of Receipt
			04 30 2009
City	State	Zip Code	Transaction ID: 90508.C173412
Byfield	MA	01922	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		250.00 Receipt
Name of Employer Information Requested	Occupation	n Degmented	neceipi
Receipt For:		n Requested ∕ear-to-Date ▼	\dashv
Primary General Other (specify) ▼	Aggregate	250.00	
Full Name (Last, First, Middle Initial) Martin Begien			Date of Receipt
Mailing Address 407 Warren Street			0 4 3 0 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State	Zip Code	Transaction ID: 90508.C173409
Brookline	MA	02445	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		200.00
Name of Employer Retired	Occupation Retired		Receipt
Receipt For:	Aggregate \	rear-to-Date ▼	
Primary General Other (specify) ▼		1200.00	
Full Name (Last, First, Middle Initial) Nicholas Bokavich			Date of Receipt
Mailing Address 206 Brigantine Circle)		04 24 2009
City	State	Zip Code	Transaction ID: 90508.C173345
Norwell	MA	02061	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		250.00
Name of Employer Self Employed	Occupation Attorney		Receipt
Receipt For:	Aggregate \	rear-to-Date ▼	
Primary General Other (specify) ▼		250.00	
SUBTOTAL of Receipts This Page (optional)			700.00

I	SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS	Ned an and an	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 8 / 57 (check only one) X 11a
	Any information copied from such Reports and Sor for commercial purposes, other than using the NAME OF COMMITTEE (In Full) Massachusetts Republican State Cons	e name and ad	dress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
∠ A .	Full Name (Last, First, Middle Initial) Ralph Campanelli Mailing Address 1 Campanelli Drive PO Box 850985 City Braintree FEC ID number of contributing federal political committee. Name of Employer Self Employed Receipt For: Primary General		Zip Code 02185 on ate Developer e Year-to-Date ▼	Date of Receipt M M D D Y Y Y Y Y Y Y Y
_ B.	Other (specify) ▼ Full Name (Last, First, Middle Initial) Robert Demarino Mailing Address 121 Ash Street City West Bridgewater FEC ID number of contributing federal political committee. Name of Employer New England Carpenters Union Receipt For: Primary General Other (specify) ▼	State MA C Occupation Carpente Aggregate		Date of Receipt M M M / 24 / 2009 Transaction ID: 90508.C173353 Amount of Each Receipt this Period 250.00 Receipt
с.	Full Name (Last, First, Middle Initial) Patricia Donahue Mailing Address 235 Ledgewood Drive City Hanover FEC ID number of contributing federal political committee. Name of Employer Control Consultants, Inc Receipt For: Primary General Other (specify)	State MA C Occupation President		Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	SUBTOTAL of Receipts This Page (optional)			750.00

Any information copied from such Reports and or for commercial purposes, other than using the NAME OF COMMITTEE (In Full) Massachusetts Republican State Co Full Name (Last, First, Middle Initial) Christopher Egan Mailing Address Carruth Capital 116 Flanders Road City Westborough FEC ID number of contributing federal political committee.	he name and addi	ress of any political committee t	o solicit contributions from such committee. Date of Receipt
Mailing Address Carruth Capital 116 Flanders Road City Westborough FEC ID number of contributing federal political committee.			<u> </u>
Name of Employer Carruth Capital	Occupation President		Transaction ID: 90508.C173346 Amount of Each Receipt this Period 5000.00 Receipt
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 5000.00	
Full Name (Last, First, Middle Initial) Wolfgang Falcone Mailing Address 80 Hancock Ave.			Date of Receipt 0 4 2 8 2 0 0 9
City Brockton FEC ID number of contributing	State MA	Zip Code 02301	Transaction ID: 90508.C173373 Amount of Each Receipt this Period 200.00
Name of Employer Retired Receipt For:	Occupation Retired	Year-to-Date ▼	Receipt
Primary General Other (specify) ▼	, and a second	350.00	
Full Name (Last, First, Middle Initial) Stephen Fallon Mailing Address 272 Chauncy St Ste	9B		Date of Receipt 0 4 2 8 2 0 0 9
City	State	Zip Code	Transaction ID: 90508.C173399
Mansfield FEC ID number of contributing federal political committee.	C	02048	Amount of Each Receipt this Period 500.00
Name of Employer Information Requested	Occupation Information	on Requested	Receipt
Receipt For: Primary General Other (specify) ▼	_ ' '	Year-to-Date ▼ 500.00	
SUBTOTAL of Receipts This Page (optional)			5700.00

	HEDULE A (FEC Form 3X) MIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 10 / 57 (check only one) X
or fo	information copied from such Reports and S or commercial purposes, other than using the NAME OF COMMITTEE (In Full) Massachusetts Republican State Cong	name and add	dress of any political committee to	on for the purpose of soliciting contributions solicit contributions from such committee.
1. <u>5</u>	Full Name (Last, First, Middle Initial) Suzanne Genest Mailing Address 51 Fords Crossing City	State	Zip Code	Date of Receipt M M / D D / Y Y Y Y Y Y Y Y Y
F	Norwell FEC ID number of contributing ederal political committee.	MA C	02061-1460	Amount of Each Receipt this Period 500.00
_	Name of Employer Homemaker Receipt For: Primary General Other (specify)	Occupatio Homema Aggregate		Receipt
3.	Full Name (Last, First, Middle Initial) S. David Goldberg Mailing Address 109 Torrey Street			Date of Receipt 0 4 2 1 2 0 0 9
<u> </u>	City Brockton FEC ID number of contributing ederal political committee.	State MA	Zip Code 02301	Transaction ID: 90508.C173308 Amount of Each Receipt this Period 250.00
	Name of Employer Law Office of S. David Go- dber Receipt For: Primary General	Occupatio Attorney Aggregate	e Year-to-Date ▼	Receipt
; <u> </u>	Other (specify) ▼ Full Name (Last, First, Middle Initial) Glen Hannington Mailing Address 22 Woodcliff Rd.		250.00	Date of Receipt
Ċ	Mailing Address 22 Woodcliff Rd. City Canton	State MA	Zip Code 02021	Transaction ID: 90508.C173386 Amount of Each Receipt this Period
F	FEC ID number of contributing ederal political committee.	C		300.00
_	Name of Employer Information Requested		n on Requested • Year-to-Date ▼	Receipt
	Primary General Other (specify) ▼	, iggregate	300.00	
SU	BTOTAL of Receipts This Page (optional)			1050.00

	SCHEDULE A (FEC Form 3X) FEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 11 / 57 (check only one) X 11a 11b 11c 12 13 14 15 16 1
C	ny information copied from such Reports and r for commercial purposes, other than using the NAME OF COMMITTEE (In Full)	Statements may note name and address	ot be sold or used by any persess of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
	Massachusetts Republican State Cor	ngressional Cor	nmittee	
	Full Name (Last, First, Middle Initial) Richard Hardy Mailing Address 41 McGregory Rd.			Date of Receipt
	- Tivical egoly rid.			04 23 2009
	City	State	Zip Code	Transaction ID: 90508.C173327
	Sturbridge	MA	01566	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		500.00
	Name of Employer Hyde Manufacturing	Occupation CEO		Receipt
	Receipt For: Primary General Other (specify) ▼	Aggregate Y	ear-to-Date ▼ 500.00	
_	Full Name (Last, First, Middle Initial) Lillian Hayes			Date of Receipt
	Mailing Address 6 Quail Run			04 / 24 / 2009
	City	State	Zip Code	Transaction ID: 90508.C173356
	Canton	MA	02021	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		200.00
	Name of Employer Schwartz and Hayes	Occupation Attorney		Receipt
	Receipt For:	Aggregate Y	ear-to-Date	_
	Primary General Other (specify) ▼		200.00	
	Full Name (Last, First, Middle Initial) Richard E. Heifetz	1		Date of Receipt
	Mailing Address 800 Newton St.			04 / 28 / 2009
	City	State	Zip Code	Transaction ID: 90508.C173393
	Chestnut Hill	MA	02467-2643	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		250.00
	Name of Employer Tucker, Heifetz & Saltzma- n, LL	Occupation Attorney	_	Receipt
	Receipt For: Primary General	Aggregate Y	ear-to-Date ▼	_
	Primary ☐ General Other (specify) ▼		250.00	
	SUBTOTAL of Receipts This Page (optional)			950.00

SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 12 / 57 (check only one) X 11a 11b 11c 12 13 14 15 16
	Statements may not be sold or used by any pers e name and address of any political committee t	
NAME OF COMMITTEE (In Full) Massachusetts Republican State Cor	ngressional Committee	
Full Name (Last, First, Middle Initial) Amory Houghton, Jr. Mailing Address 80 East Market Stree Suite 300 City Corning FEC ID number of contributing federal political committee. Name of Employer Retired	State Zip Code NY 14830 C Occupation Retired	Date of Receipt M M M O 3 2009 Transaction ID: 90410.C173202 Amount of Each Receipt this Period Receipt
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 350.00	
Full Name (Last, First, Middle Initial) Stephen Jeffries Mailing Address 12 Brimmer St.		Date of Receipt 0 4 0 7 2 0 0 9
City	State Zip Code	Transaction ID: 90410.C173244
Boston	MA 02108-1002	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	208.33 Receipt
Name of Employer S.B. Jeffries Consultants	Occupation President	· ·
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	416.66	
Full Name (Last, First, Middle Initial) Jeanne Kangas		Date of Receipt
Mailing Address 959 Hill Rd		0 4 2 4 2 0 0 9
City	State Zip Code	Transaction ID: 90508.C173347
Boxborough	MA 01719	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer Arnold & Kangas, P.C.	Occupation Lawyer	Receipt
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 2250.00	
SUBTOTAL of Receipts This Page (optional)		558.33

	SCHEDULE A (FEC Form 3X) FEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 13 / 57 (check only one) X 11a 11b 11c 12 13 14 15 16 1
C C	ny information copied from such Reports and r for commercial purposes, other than using the NAME OF COMMITTEE (In Full)	Statements ma ne name and ad	y not be sold or used by any pers dress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
	Massachusetts Republican State Cor	ngressional C	committee	
	Full Name (Last, First, Middle Initial) Laura Kelley Mailing Address 5 Wenlock Circle			Date of Receipt
	Walling Address 5 Welllock Circle			04 28 2009
	City	State	Zip Code	Transaction ID: 90508.C173379
	North Easton	MA	02356	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		250.00
	Name of Employer Computershare / Nike Inc.	Occupation Attorney	n	Receipt
	Receipt For: Primary General Other (specify)	Aggregate	e Year-to-Date ▼ 250.00	
_	Full Name (Last, First, Middle Initial) Matthew Keswick			Date of Receipt
	Mailing Address 231 Victory Road			04 23 2009
	City	State	Zip Code	Transaction ID: 90508.C173326
	North Quincy	MA	02171	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		250.00
	Name of Employer Keswick Consulting	Occupation Presiden	t	Receipt
	Receipt For: Primary General	Aggregate	e Year-to-Date ▼	_
	Other (specify) ▼		260.00	
	Full Name (Last, First, Middle Initial) Paul Lawton	'		Date of Receipt
	Mailing Address 157 Belmont Street			04 21 7 2009
	City	State	Zip Code	Transaction ID: 90508.C173305
	Brockton	MA	02301	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		500.00
	Name of Employer Self Employed	Occupation Attorney		Receipt
	Receipt For:	Aggregate	e Year-to-Date ▼	_
	Primary General Other (specify) ▼		500.00	
	SUBTOTAL of Receipts This Page (optional)	1		1000.00

or f	y information copied from such Reports and or commercial purposes, other than using th NAME OF COMMITTEE (In Full) Massachusetts Republican State Cor	ne name and add	y not be sold or used by any persodress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
	Massachusetts Republican State Con			
		ngressional C	ommittee	
	Full Name (Last, First, Middle Initial) Paul Lawton			Date of Receipt
	Mailing Address 157 Belmont Street			04 28 2009
	City Brockton	State MA	Zip Code 02301	Transaction ID: 90508.C173374 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	02301	200.00
•	Name of Employer Self Employed	Occupatio Attorney	n	Receipt
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 700.00	
В.	Full Name (Last, First, Middle Initial) Richard Lawton			Date of Receipt
	Mailing Address 10 Alderwood Dr.			04 27 2009
	City	State	Zip Code	Transaction ID: 90508.C173445
•	Easton Easton	MA	02334	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		400.00 In-Kind
	Name of Employer Self Employed	Occupatio Attorney	n	
-	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 400.00	R. Lawton, contribution of catering for party-related fundra
	Full Name (Last, First, Middle Initial) Joseph Lorusso			Date of Receipt
	Mailing Address 299 Creek Street			04 24 2009
	City	State	Zip Code	Transaction ID: 90508.C173343
	Wrentham FEC ID number of contributing federal political committee.	C	02093	Amount of Each Receipt this Period 500.00
•	Name of Employer Self Employed	Occupatio Commer	n cial Developer	Receipt
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 500.00	
SI	JBTOTAL of Receipts This Page (optional)			1100.00

ľ	SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS	01.1	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 15 / 57 (check only one) X 11a 11b 11c 12 13 14 15 16 17
	Any information copied from such Reports and some for commercial purposes, other than using the NAME OF COMMITTEE (In Full) Massachusetts Republican State Con	e name and add	dress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
∠ .	Full Name (Last, First, Middle Initial) Edward Mabry Mailing Address 27 Greystone Way City North Easton FEC ID number of contributing federal political committee. Name of Employer The Buckwalsh Corp.	State MA C Occupatio Self-Emp		Date of Receipt 0 4 2 8 2 0 0 9 Transaction ID: 90508.C173395 Amount of Each Receipt this Period 200.00 Receipt
_	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 200.00	
В.	Full Name (Last, First, Middle Initial) Kathleen Macafee Mailing Address 154 South St.			Date of Receipt 0 4 2 8 2 0 0 9
	City Needham FEC ID number of contributing federal political committee. Name of Employer	State MA C Occupatio	Zip Code 02492	Transaction ID: 90508.C173370 Amount of Each Receipt this Period 250.00 Receipt
	Kenneth Macafee DMD P.C. Receipt For: Primary General Other (specify) ▼	Bookeep		
С.	Full Name (Last, First, Middle Initial) Holt Massey Mailing Address 85 Merrimac Street			Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City Boston	State MA	Zip Code 02114	Transaction ID: 90508.C173424 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		250.00 Receipt
	Name of Employer Massey & Co., LLC Receipt For:	Occupatio Executive		
	Primary General Other (specify) ▼	, agrogate	250.00	
	SUBTOTAL of Receipts This Page (optional) .	•		700.00

SCHEDULE A (FEC Form 3X ITEMIZED RECEIPTS	X)	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 16/5/ (check only one) X
Any information copied from such Reports an or for commercial purposes, other than using	d Statements may	y not be sold or used by any pers dress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
NAME OF COMMITTEE (In Full) Massachusetts Republican State Co		• •	
Full Name (Last, First, Middle Initial) Doris May			Date of Receipt
Mailing Address 104 Turnpike Street	İ		0 4 2 4 2 0 0 9
City	State	Zip Code	Transaction ID: 90508.C173344
West Bridgewater FEC ID number of contributing federal political committee.	C	02379	Amount of Each Receipt this Period 500.00
Name of Employer Self Employed	Occupatio Business		Receipt
Receipt For: Primary General Other (specify)		e Year-to-Date ▼ 500.00	
Full Name (Last, First, Middle Initial) Ross J. Messina			Date of Receipt
Mailing Address 10 Messina Dr.			04 28 7 2009
City Brockton	State MA	Zip Code 02301	Transaction ID: 90508.C173397 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	02501	250.00
Name of Employer Information Requested	Occupatio	n on Requested	Receipt
Receipt For: Primary General Other (specify) ▼		e Year-to-Date ▼ 250.00	
Full Name (Last, First, Middle Initial) W. Hugh Morton			Date of Receipt
Mailing Address 1480 Drift Road			0 4 2 4 2 0 0 9
City Westport	State MA	Zip Code 02790	Transaction ID: 90508.C173338
FEC ID number of contributing federal political committee.	C	02790	Amount of Each Receipt this Period 500.00
Name of Employer Morton Law Office	Occupatio Attorney	n	Receipt
Receipt For: ☐ Primary ☐ General Other (specify) ▼	Aggregate	Year-to-Date ▼ 500.00	
SUBTOTAL of Receipts This Page (optional	1		1250.00

SCHEDULE A (FEC For ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 17 / 57 (check only one) X 11a 11b 11c 12 13 14 15 16
NAME OF COMMITTEE (In Full)	ports and Statements may not be sold or used by any person using the name and address of any political committee to State Congressional Committee	
Full Name (Last, First, Middle Initi Ann Murphy Mailing Address 65 Helen Stru City		Date of Receipt M M / D D / Y Y Y Y Y Y Y Y Y
Waltham FEC ID number of contributing federal political committee.	MA 02452	Amount of Each Receipt this Period 100.00
Name of Employer GPC/ONeill & Assoc. Receipt For: Primary General Other (specify) ▼	Occupation Vice President, PR Consultant Aggregate Year-to-Date ▼ 200.00	Receipt
Full Name (Last, First, Middle Initi John Murphy Mailing Address 15 Partridge	<u></u>	Date of Receipt M
City	State Zip Code	Transaction ID: 90508.C173354
North Easton FEC ID number of contributing federal political committee.	MA 02356	Amount of Each Receipt this Period 200.00
Name of Employer Self Employed	Occupation CPA	Receipt
Receipt For: Primary General Other (specify)	Aggregate Year-to-Date ▼ 200.00	
Full Name (Last, First, Middle Initi Peter Nicholas	al)	Date of Receipt
Mailing Address 1 Joy Street		$ \begin{array}{c ccccccccccccccccccccccccccccccccccc$
City <u>Boston</u>	State Zip Code MA 02108	Transaction ID: 90508.C173330 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	500.00
Name of Employer Boston Scientific Corp.	Occupation Chairman	Receipt
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	
SUBTOTAL of Receipts This Page	(optional)	800.00

SCHEDULE A (FEC Form 3X) FEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 18 / 57 (check only one) X 11a 11b 11c 12 13 14 15 16
Any information copied from such Reports and or for commercial purposes, other than using the	Statements may not be sold or used by any perse name and address of any political committee	son for the purpose of soliciting contributions
NAME OF COMMITTEE (In Full)		
Massachusetts Republican State Cor	ngressional Committee	
Full Name (Last, First, Middle Initial) Paul Noble		Date of Receipt
Mailing Address 110 Black Rock Drive		$ \begin{array}{c ccccccccccccccccccccccccccccccccccc$
City <u>Hingha</u> m	State Zip Code MA 02043	Transaction ID: 90410.C173247 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	2500.00
Name of Employer Retired	Occupation	Receipt
Receipt For:	Retired Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	2500.00	
Full Name (Last, First, Middle Initial) John F. OBrien		Date of Receipt
Mailing Address 151 Coolidge Ave #110		04 28 2009
City	State Zip Code	Transaction ID: 90508.C173389
Watertown	MA 02472	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	1000.00
Name of Employer New England Law	Occupation Dean	Receipt
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	1000.00	
Full Name (Last, First, Middle Initial) Thomas OConnor	1	Date of Receipt
Mailing Address 55 Pleasant St.		04 09 2009
City	State Zip Code	Transaction ID: 90410.C173248
Canton	MA 02021	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer OConnor Constructors	Occupation Business owner	Receipt
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	250.00	
		3750.00

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 19 / 57 (check only one) X
or for commercial purposes, other than using t	Statements may not be sold or used by any pers he name and address of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
NAME OF COMMITTEE (In Full) Massachusetts Republican State Co	ngressional Committee	
Full Name (Last, First, Middle Initial) Paul Owens Mailing Address PO Box 920390		Date of Receipt
City	State Zip Code	0 4 2 1 2 0 0 9 Transaction ID: 90508.C173300
Needham FEC ID number of contributing federal political committee.	MA 02492-0005	Amount of Each Receipt this Period
Name of Employer IntrinsiQ, Inc	Occupation Executive	Receipt
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 200.00	
Full Name (Last, First, Middle Initial) Denise Papagno Mailing Address 175 Plain Street		Date of Receipt
City	State Zip Code	04 21 2009
Stoughton	MA 02072	Transaction ID: 90508.C173313 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	200.00
Name of Employer Town of Easton	Occupation police officer	Receipt
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 200.00	
Full Name (Last, First, Middle Initial) Smith Peter John		Date of Receipt
Mailing Address 36 Summer St.		04 21 2009
City Bridgewater	State Zip Code MA 02324	Transaction ID: 90508.C173315 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer Boston Air	Occupation Owner	Receipt
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	
SUBTOTAL of Receipts This Page (optional)		550.00

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 20 / 57 (check only one) X 11a 11b 11c 12 13 14 15 16 17
Any information copied from such Reports and S or for commercial purposes, other than using the NAME OF COMMITTEE (In Full) Massachusetts Republican State Con	Statements may not be sold or used by any person e name and address of any political committee to gressional Committee	on for the purpose of soliciting contributions solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Michael Porter Mailing Address 44 Green Hill Rd. City Brookline FEC ID number of contributing federal political committee. Name of Employer Harvard Business School Receipt For: Primary General Other (specify)	State Zip Code MA 02445 C Occupation Professor Aggregate Year-to-Date 1000.00	Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Full Name (Last, First, Middle Initial) William Riegel Mailing Address 14 Surplus Road City Duxbury FEC ID number of contributing federal political committee. Name of Employer Retired Receipt For: Primary General Other (specify)	State Zip Code MA 02332 C Occupation Retired Aggregate Year-to-Date ▼	Date of Receipt M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Full Name (Last, First, Middle Initial) Steven Roche Mailing Address 4 Leblanc Dr City Danvers FEC ID number of contributing federal political committee. Name of Employer Self Employed Receipt For: Primary General Other (specify)	State Zip Code MA 01923 C Occupation SCR Associates Aggregate Year-to-Date 250.00	Date of Receipt M M M / D D / Y Y Y Y Y Y O 4 2 8 2 0 0 9 Transaction ID: 90508.C173408 Amount of Each Receipt this Period 250.00 Receipt
SUBTOTAL of Receipts This Page (optional) TOTAL This Period (last page this line number	·	1650.00

	SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 21 / 57 (check only one) X 11a 11b 11c 12 13 14 15 16 17
	Any information copied from such Reports and S or for commercial purposes, other than using the NAME OF COMMITTEE (In Full)	e name and add	dress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
	Massachusetts Republican State Con	gressional C	ommittee	_
Α.	Full Name (Last, First, Middle Initial) Stephen Sutton			Date of Receipt
	Mailing Address 14 Lancelot Ln.			04 21 2009
	City North Easton	State MA	Zip Code 02356	Transaction ID: 90508.C173322 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		500.00
	Name of Employer Law Office of Stephen W. Sutto Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼	Occupation Attorney Aggregate	Year-to-Date ▼ 500.00	Receipt
Б.	Full Name (Last, First, Middle Initial) Robert Tedeschi Mailing Address 103 Neal Gate St.	1		Date of Receipt
	City	State	Zip Code	0 4 2 1 2 0 0 9 Transaction ID: 90508.C173321
	Scituate	MA	02066	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		250.00
	Name of Employer Tedeschi Food Shops, In.	Occupation Retail Fo		Receipt
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 250.00	
- С.	Full Name (Last, First, Middle Initial) Polly Townsend	1		Date of Receipt
O .	Mailing Address 34 Proctor St			0 4 0 7 2 0 0 9
	City	State	Zip Code	Transaction ID: 90410.C173212
	Manchester FEC ID number of contributing federal political committee.	C	01944	Amount of Each Receipt this Period 1000.00
	Name of Employer Retired	Occupation Retired	n	Receipt
	Receipt For: Primary General Other (specify) ▼	+ +	e Year-to-Date ▼ 2000.00	
	SUBTOTAL of Receipts This Page (optional)	•		1750.00
	TOTAL This Period (last page this line number			

	CHEDULE A (FEC Form 3X) FEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 22 / 57 (check only one) X 11a 11b 11c 12 13 14 15 16 17
A	ny information copied from such Reports and S r for commercial purposes, other than using the NAME OF COMMITTEE (In Full) Massachusetts Republican State Cong			
<u> </u>	Full Name (Last, First, Middle Initial)	Jressional C	ommittee	Date of Descipt
A.	Frederick Valentine Mailing Address 9 Galahad Way, Box 1	9		Date of Receipt M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City Easton	State MA	Zip Code 02356	Transaction ID: 90508.C173306 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		200.00 Receipt
	Name of Employer Self Employed	Occupatio Optomet	rist	neceipi
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 200.00	
 3.	Full Name (Last, First, Middle Initial) Joseph Warren Mailing Address 4 Was deide Augustus			Date of Receipt
	Mailing Address 4 Woodside Avenue			04 21 2009
	City	State	Zip Code	Transaction ID: 90508.C173312
	Brockton FEC ID number of contributing federal political committee.	MA C	02301	Amount of Each Receipt this Period 500.00
	Name of Employer Joseph Warren & Son LLC	Occupatio General	n Contractor	Receipt
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 650.00	
- :.	Full Name (Last, First, Middle Initial) Sinclair Weeks Mailing Address 100 Newbury Ct., Apt.	500		Date of Receipt
		302		04 21 2009
	City Concord	State MA	Zip Code 01742	Transaction ID: 90508.C173302 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	01742	1000.00
	Name of Employer Retired	Occupatio Retired	n	Receipt
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 1000.00	
	SUBTOTAL of Receipts This Page (optional)			1700.00
	FOTAL This Period (last page this line number	only)		

PAGE 23 / 57 FOR LINE NUMBER: SCHEDULE A (FEC Form 3X) Use separate schedule(s) (check only one) for each category of the **ITEMIZED RECEIPTS** 11a 11b 11c **Detailed Summary Page** 13 14 16 17 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) Massachusetts Republican State Congressional Committee Full Name (Last, First, Middle Initial) Stephen White Date of Receipt A. Mailing Address 9 Lauras Lane 0.4 24 2009 City State Zip Code **Transaction ID: 90508.C173355** Norwell MA 02061 Amount of Each Receipt this Period FEC ID number of contributing 300.00 C federal political committee. Receipt Name of Employer JF White Contracting Co, Occupation Contractor Inc. Receipt For: Aggregate Year-to-Date General Primary 300.00 Other (specify) Full Name (Last, First, Middle Initial) В. Ronald Whitney Date of Receipt Mailing Address 549 Bedford St. 0.4 28 2009 City Transaction ID: 90508.C173369 State Zip Code Whitman MA 02382 Amount of Each Receipt this Period FEC ID number of contributing C 250.00 federal political committee. Receipt Name of Employer Law Office of Ronald N. Occupation Attorney Whitne Receipt For: Aggregate Year-to-Date ▼ Primary General 250.00

		550.00
SUBTOTAL of Receipts This Page (optional)	•	550.00
TOTAL This Period (last page this line number only)	•	24508.33

Other (specify)

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 24 / 57 (check only one) 11a 11b X 11c 12 13 14 15 16 17
	nd Statements may not be sold or used by any pers the name and address of any political committee to	
NAME OF COMMITTEE (In Full) Massachusetts Republican State C	ongressional Committee	
Full Name (Last, First, Middle Initial) AstraZeneca PAC Mailing Address Paul Pereira 1800 Concord Pike		Date of Receipt Date of Receipt 0 4
City	State Zip Code DE 19850	Transaction ID: 90508.C173294
Wilmington FEC ID number of contributing federal political committee.	DE 19850	Amount of Each Receipt this Period 5000.00
Name of Employer PAC	Occupation FEC ID: C00279455	Receipt
Receipt For: Primary General Other (specify)	Aggregate Year-to-Date ▼ 5000.00	

SUBTOTAL of Receipts This Page (optional)	>	5000.00
TOTAL This Period (last page this line number only)	•	5000.00

	SCHEDULE A (FEC Form 3X)		Use separate schedule(s) for each category of the	FOR LINE NUMBER: PAGE 25 / 57 (check only one)		
	ITEMIZED RECEIPTS	EMIZED RECEIPTS		11a 11b 11c 12 13 14 X 15 16 17		
	Any information copied from such Reports and Stror for commercial purposes, other than using the $\ensuremath{\text{R}}$	by information copied from such Reports and Statements may not be sold or used by any person for commercial purposes, other than using the name and address of any political committee to so				
	NAME OF COMMITTEE (In Full) Massachusetts Republican State Congr	ressional C	ommittee			
Α.	Full Name (Last, First, Middle Initial) Paychex/InterPay	Date of Receipt				
	Mailing Address PO Box 8295			04 30 7 2009		
	City	State	Zip Code	Transaction ID: 90514.C173553		
	Boston	MA	02266-	Amount of Each Receipt this Period		
	FEC ID number of contributing federal political committee.	C		642.60		
	Name of Employer	Occupatio	n	Offsets to Operating Expenditu		
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 642.60			
В.	Full Name (Last, First, Middle Initial) Robert Willington			Date of Receipt		
	Mailing Address 12 Arlington Street			04 04 2009		
	City	State	Zip Code	Transaction ID: 90410.C173209		
	Reading	MA	01867-	Amount of Each Receipt this Period		
	FEC ID number of contributing federal political committee.	C		1145.14		
	Name of Employer Information Requested	Occupatio Informati	n ion Requested	Offsets to Operating Expenditu		
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 1145.14			

SUBTOTAL of Receipts This Page (optional)	>	1787.74
TOTAL This Period (last page this line number only)	•	1787.74

В.

C.

TEMIZED DISBURSEMENTS Description Desc	SCHEDULE B (FEC Form 3X)	Lico concrete cohedula(a)	FOR LINE	IE NUMBER: PAGE 26 / 57								
Any Information copied from such Reports and Statements may not be sold or used by any person for the purposes, other than using the name and address of any political committee to solicit contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee Full Name (Last, First, Middle Initial) Barrows Barrows Insurance Full Name (Last, First, Middle Initial) Barrows Barrows Insurance City Mansfield MA 02048- Purpose of Disbursement Liability Insurance Candidate Name Office Sought: House Disbursement For: Liability Insurance Category' Type Office Sought: House Disbursement For: Senate Primary General Distoursement For: Liability Insurance Li	ITEMIZED DISBURSEMENTS	for each category of the	1 - -	- · -								
Any Information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions for for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee or contributions from such committee. NAME OF COMMITTEE (in Full)		Detailed Summary Page	ı 					30b				
NAME OF COMMITTEE (in Full) Massachusetts Republican State Congressional Committee Full Name (Last, First, Middle Initial) Barrows Barrows Insurance Mailing Address 215 North Main Street City State Zip Code MA 02048- Purpose of Disbursement Liability Insurance Candidate Name Candidate Name City Senate Primary General Primary General Primary General Primary General President Other (specify) ▼ District: Full Name (Last, First, Middle Initial) SCM Associates Mailing Address Steve Meyers 1283 Main Street City Dublin NH 03444- Purpose of Disbursement General Primary General Pr								_				
Massachusetts Republican State Congressional Committee Full Name (Last, First, Middle Initial) Barrows Barrows Insurance Mailing Address 215 North Main Street City State Zip Code Man Stield Ma 02048- Purpose of Disbursement Liability Insurance Candidate Name Office Sought: House State Zip Code Disbursement For: LiABILITY INSURANCE Full Name (Last, First, Middle Initial) SCM Associates Mailing Address Steve Meyers 1283 Main Street City State Zip Code Other (specify) ▼ Full Name (Last, First, Middle Initial) SCM Associates Mailing Address Steve Meyers 1283 Main Street City State Zip Code NH 03444 Purpose of Disbursement For: State Zip Code NH 03444 Candidate Name Office Sought: House Persident Other (specify) ▼ Category/ Type Office Sought: House Disbursement For: Senate Primary General Other (specify) ▼ State: District: Full Name (Last, First, Middle Initial) SCM Associates Mailing Address Steve Meyers 1283 Main Street City State Zip Code NH 03444 Dispursement For: Disbursement For: Senate Primary General Other (specify) ▼ Mailing Address Landmark Center 401 Park Drive City State: District: Mailing Address Landmark Center 401 Park Drive City State Zip Code Ma 02215- Purpose of Disbursement House Disbursement For: District: Mailing Address Landmark Center 401 Park Drive City State Zip Code Ma 02215- Purpose of Disbursement House Primary General Dispursement House President District: Mailing Address Landmark Center 401 Park Drive City State Zip Code Ma 02215- Purpose of Disbursement House Primary General Dispursement For: Sonate Primary General Dispursement For: Dispursement For: Dispursement For: Dispursement For: Sonate Primary General Dispursement For: Dispursem		e and address of any political co	mmittee to sol	icit contributions f	rom such	commit	tee					
Full Name (Last, First, Middle Initial) Barrows Barrows Insurance Mailing Address 215 North Main Street City State Zip Code MA 02048- Purpose of Disbursement Liability Insurance Candidate Name Office Sought: House Primary General Disbursement For: District: Full Name (Last, First, Middle Initial) SCM Associates Mailing Address Steve Meyers 1283 Main Street City State Zip Code NH 03444- Purpose of Disbursement disbursement For: District: Full Name (Last, First, Middle Initial) SCM Associates Meiling Address Steve Meyers 1283 Main Street City Senate Primary General Disbursement this Period Office Sought: House Senate Primary General Disbursement For: District: Full Name (Last, First, Middle Initial) State: District: Full Name (Last, First, Middle I		sional Committee										
Mailing Address 215 North Main Street City Senate Disbursement Tor: Senate North Main Street City Disbursement Tor: Senate Disbursement Tor: Category/ Type Disbursement Tor: Senate Disbursement Tor: Disbursement Tor: Senate Disbursement Tor: Senate Disbursement Tor: Disbursement Tor: Senate Disbursement Tor: Disbursem	Massachusetts Republican State Congress	sional Committee										
City Mansfield MA O2048- Purpose of Disbursement Liability Insurance Candidate Name Office Sought: House Senate President State: District: Full Name (Last, First, Middle Initial) State: Disbursement Disbursement Caregory Type Office Sought: House Senate President Disbursement Disburs						3.E111	178					
City Mansfield MA 02048- Purpose of Disbursement Liability Insurance Candidate Name Office Sought: House Senate President State: District: Full Name (Last, First, Middle Initial) State: District: Mailing Address Steve Meyers 1283 Main Street City Dublin NH 03444- Purpose of Disbursement direct mail - party related non FEA Candidate Name Office Sought: House Senate President District: Full Name (Last, First, Middle Initial) State: District: Full Name (Last, First, Middle Initial) Blue Cross Blue Shield of Massachusetts Mailing Address Landmark Centter 401 Park Drive City State: District: Full Name (Last, First, Middle Initial) Blue Cross Blue Shield of Massachusetts Mailing Address Landmark Centter 401 Park Drive City State: District: Full Name (Last, First, Middle Initial) Blue Cross Blue Shield of Massachusetts Mailing Address Landmark Centter 401 Park Drive City Senate President District: Mailing Address Landmark Centter 401 Park Drive City Senate President District: Mailing Address Landmark Centter 401 Park Drive City Office Sought: House Senate Primary General Primary General Primary General Candidate Name Office Sought: House Senate Primary General Disbursement For: Senate Primary General Primary General Disbursement For: District: Senate President Disbursement For: Disbu				M M / D	D / `	, , , ,	Ϋ́O	Υ				
Mansfield MA 02048- Purpose of Disbursement Liability Insurance Candidate Name Office Sought: House Senate President State: District: Full Name (Last, First, Middle Initial) SCM Associates Mailing Address Stave Meyers 1283 Main Street City Dublin NH 03444- Purpose of Disbursement direct mail - party related non FEA Candidate Name Office Sought: House President District: Full Name (Last, First, Middle Initial) School Amount of Each Disbursement this Period Office Sought: House President District: Full Name (Last, First, Middle Initial) State Zip Code Dublin NH 03444- Purpose of Disbursement direct mail - party related non FEA Candidate Name Office Sought: House President District: Full Name (Last, First, Middle Initial) State: District: Full Name (Last, First, Middle Initial) State Zip Code Dublin NH 03444- Purpose of Disbursement for: Senate President State: District: Full Name (Last, First, Middle Initial) State Zip Code Disbursement Tops State Zip Code Disbursement Tops State Zip Code Disbursement Tops Other (specify) Type Office Sought: House Senate Primary General Category/ Type Office Sought: House Senate Primary General Disbursement Tops State Zip Code Disbursement Tops Other (specify) Type Office Sought: House Senate Primary General Disbursement Tops Other (specify) Type Office Sought: House Senate Primary General Disbursement Tops Other (specify) Type Office Sought: House Senate Primary General Disbursement Tops Other (specify) Type Disbursement Tops Other (specify) Type Manual Of Each Disbursement this Period Disbursement Tops Other (specify) Type Manual Office Sought: Health Insurance Candidate Name Disbursement Tops General Disbursement Tops Other (specify) Type Manual Office Sought: Health Insurance Candidate Name Disbursement Tops General Disbursement Tops Other (specify) Type Manual Office Sought Health Insurance Disbursement Tops Other (specify) Type Manual Office Sought Health Insurance Disbursement Tops Other (specify) Type Manual Office Sought Health Insurance Disb							_					
Candidate Name Office Sought:				Amount of Eac	h Disburse			eriod				
Office Sought: House Senate President Other (specify) ▼ State: District: Primary General President Primary General President President Primary General President Pre						164	1.12					
Office Sought:	Candidate Name		٠, ١									
Full Name (Last, First, Middle Initial) SCM Associates Mailing Address Steve Meyers 1283 Main Street City Dublin NH 03444- Purpose of Disbursement direct mail - party related non FEA Candidate Name Office Sought: President State: District: Full Name (Last, First, Middle Initial) Blue Cross Blue Shield of Massachusetts Mailing Address Landmark Center 401 Park Drive City Boston MA 02215- Purpose of Disbursement Health Insurance Candidate Name Other (specify) Office Sought: District: Full Name (Last, First, Middle Initial) Blue Cross Blue Shield of Massachusetts Mailing Address Landmark Center 401 Park Drive City Boston MA 02215- Purpose of Disbursement Health Insurance Candidate Name Other (specify) Full Name (Last, First, Middle Initial) Blue Cross Blue Shield of Massachusetts District: Mailing Address Landmark Center 401 Park Drive City Boston MA 02215- Purpose of Disbursement Health Insurance Candidate Name Other (specify) Full Name (Last, First, Middle Initial) Blue Cross Blue Shield of Massachusetts District: Amount of Each Disbursement this Period Amount of Each Disbursement this Period Amount of Each Disbursement this Period MA 02215- Purpose of Disbursement Health Insurance Candidate Name Other (specify) Full Name (Last, First, Middle Initial) Blue Cross Blue Shield of Massachusetts District: Amount of Each Disbursement this Period Blue Cross Blue Shield of Massachusetts Amount of Each Disbursement this Period Amount of Each Disbursement this Period	Senate President	Primary General		LIABILITY IN	SURANC	E						
Mailing Address Steve Meyers 1283 Main Street City State Zip Code Dublin NH 03444- Purpose of Disbursement direct mail - party related non FEA Candidate Name Office Sought: House Primary General District: Full Name (Last, First, Middle Initial) Blue Cross Blue Shield of Massachusetts Mailing Address Landmark Center 401 Park Drive City State Zip Code Boston MA 02215- Purpose of Disbursement Health Insurance Candidate Name Disbursement For: Category/ Type DiRECT MAIL - PARTY RELA- Transaction ID: 90508.E11182 Date of Disbursement Office Sought: Mailing Address Landmark Center 401 Park Drive City State Zip Code Boston MA 02215- Purpose of Disbursement Health Insurance Candidate Name Disbursement For: Category/ Type Disbursement this Period Amount of Each Disbursement this Period Amount of Each Disbursement this Period Disbursement this Period Amount of Each Disbursement this Period Disbursement this Period Amount of Each Disbursement this Period Disbursement Tor: Category/ Type Disbursement Tor: Disbursement Tor: Senate President Disbursement For: District: District: Substortal of Disbursements This Page (optional) Boston Primary General Disbursement Tor: District:												
City Dublin NH 03444- Dublin NH 03444- Purpose of Disbursement direct mail - party related non FEA Candidate Name Office Sought: House Senate Primary General Other (specify) ▼ Full Name (Last, First, Middle Initial) Blue Cross Blue Shield of Massachusetts Mailing Address Landmark Center 401 Park Drive City Disbursement City Disbursement Category/ Type DIRECT MAIL - PARTY RELA- TED NON FEA Transaction ID: 90508.E11182 Date of Disbursement MA	•			Date of Disburs	sement							
Dublin NH 03444- Purpose of Disbursement direct mail - party related non FEA Candidate Name Office Sought: House State: District: Full Name (Last, First, Middle Initial) Blue Cross Blue Shield of Massachusetts Mailing Address Landmark Center 401 Park Drive City State Zip Code Boston MA 02215- Purpose of Disbursement Health Insurance Candidate Name Office Sought: House Disbursement For: Qeneral Disbursement For: Primary General Disbursement Health Insurance Candidate Name Office Sought: House Disbursement For: Primary General Disbursement For: Primary General Disbursement For: Primary General Disbursement For: Primary General Disbursement This Page (optional) ■ 8090.88 Substortal of Disbursements This Page (optional) ■ 8090.88				04	16	ž0	δ9	Y				
direct mail - party related non FEA Candidate Name Office Sought: House Senate Primary General Other (specify) ▼ State: District: Full Name (Last, First, Middle Initial) Blue Cross Blue Shield of Massachusetts Mailing Address Landmark Center 401 Park Drive City State Zip Code Boston MA 02215- Purpose of Disbursement Health Insurance Candidate Name Office Sought: House Senate Primary General Other (specify) ▼ Amount of Each Disbursement this Period Category/ Type HEALTH INSURANCE Substitute District: Substitute District: Substitute District: Substitute Disbursements This Page (optional)				Amount of Eac	h Disburse	ement t	his P	eriod				
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Full Name (Last, First, Middle Initial) Blue Cross Blue Shield of Massachusetts Mailing Address Landmark Center 401 Park Drive City Boston Purpose of Disbursement Health Insurance Candidate Name Office Sought: President State: District: Transaction ID: 90508.E11182 Date of Disbursement 0 4 M	Senate President	Primary General)I	DIRECT MAII TED NON FE	PART	Y RE	LA-					
Blue Cross Blue Shield of Massachusetts Mailing Address Landmark Center 401 Park Drive City Boston Purpose of Disbursement Health Insurance Candidate Name Disbursement For: Senate President State: District: Date of Disbursement M												
City State Zip Code Boston MA 02215- Purpose of Disbursement Health Insurance Candidate Name Category/ Type Office Sought: House Senate Primary General President State: District: SUBTOTAL of Disbursements This Page (optional) Amount of Each Disbursement this Period Category/ Type HEALTH INSURANCE	,			Date of Disburs	sement			_				
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Health Insurance Candidate Name Office Sought: House Senate Primary General Primary General Other (specify) State: District: SUBTOTAL of Disbursements This Page (optional)	·			Amount of Eac	h Disburse	ement t	his P	eriod				
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SCHEDULE B (FEC Form 3X)	Use separate schedule(s)		E NUMBER: PAGE 27 / 57						
ITEMIZED DISBURSEMENTS	for each category of the	(check only 21b	one)] 22] 23	☐ 24 ☐ 25 ☐ 26					
	Detailed Summary Page	27	28a 28b						
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NAME OF COMMITTEE (In Full)	and address of any political cor	illillittee to son	Cit Continbutions	non such committee					
Massachusetts Republican State Congress	ional Committee								
Full Name (Last, First, Middle Initial) Byte Bulb			Transaction II Date of Disbur	D: 90508.E11190 rsement					
Mailing Address The Trimount Company, 75 Meadowbrook RD.	Inc.		04 /	0 2 Y 2 0 0 9 Y					
,	State Zip Code MA 02339-		Amount of Eac	ch Disbursement this Period					
Purpose of Disbursement Party related computer IT support				700.00					
Candidate Name		ategory/ Type							
Office Sought: House Disburse Senate President State: District:	ment For: Primary General Other (specify) ▼		PARTY RELA SUPPORT	ATED COMPUTER IT					
Full Name (Last, First, Middle Initial) Byte Bulb			Transaction II Date of Disbur	D: 90508.E11196					
Mailing Address The Trimount Company, 75 Meadowbrook RD.	Inc.		04 / 0	16 2009					
•	State Zip Code MA 02339-		Amount of Eac	ch Disbursement this Period					
Purpose of Disbursement Party related computer IT support				1350.00					
Candidate Name		Category/ Type							
Office Sought: House Disburse Senate President State: District:	Primary General Other (specify)		PARTY RELA SUPPORT	ATED COMPUTER IT					
Full Name (Last, First, Middle Initial) Byte Bulb			Transaction II Date of Disbur	D: 90513.E11319					
Mailing Address The Trimount Company, 75 Meadowbrook RD.	Inc.		04 /	30 7 2009					
City	State Zip Code MA 02339-		Amount of Eac	ch Disbursement this Period					
Purpose of Disbursement Party related computer IT support				612.50					
Candidate Name		ategory/ Type							
Office Sought: House Disburse Senate President State: District:	ment For: Primary General Other (specify) ▼		PARTY RELA SUPPORT	ATED COMPUTER IT					
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SCHEDULE B (FEC Form 3X)	Use separate schedule(s)	FOR LIN	NE NUMBER: PAGE 28 / 57							
ITEMIZED DISBURSEMENTS	for each category of the Detailed Summary Page	X 21b 27	22 23 28a 28b	24 28c	25 29	26 30b				
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NAME OF COMMITTEE (In Full)										
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Full Name (Last, First, Middle Initial) Css Castle Self-Storage			Transaction I Date of Disbur	rsement	3.E11215					
Mailing Address 39 Old Colony Ave.			04 /	28	ŽOŎS	9				
City Boston	State Zip Code MA 02127-		Amount of Eac	ch Disburse						
Purpose of Disbursement					329.00)				
Rent for Storage Unit Candidate Name		Category/ Type								
Office Sought: House Disburse Senate President State: District:	ment For: Primary General Other (specify)		RENT FOR S	STORAGE	UNIT					
Full Name (Last, First, Middle Initial)			Transaction I	n . 00508	E11171					
Kauppi Communications			Date of Disbur).∟III/I					
Mailing Address 27 Townly Road			0 4 M	0 2 /	ŽOŠ	9 Y				
City Watertown	State Zip Code MA 02472-		Amount of Eac	ch Disburse						
Purpose of Disbursement	- 554				3000.00)				
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Kauppi Communications			Date of Disbu	rsement						
Mailing Address 27 Townly Road			0 4 7	30 /	ŽOĎS	9 '				
City Watertown	State Zip Code MA 02472-		Amount of Eac	ch Disburse	ement this	Period				
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Candidate Name		Category/ Type								
Senate President	ement For: Primary General Other (specify)		COMMUNIC, FEE - PART FEA	ATIONS C Y RELATE	CONSUL [*] ED NON	TING				
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SUBTOTAL of Disbursements This Page (optional)		>			6329.00)				

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SCHEDULE B (FEC Form	' Use separate schedu	ie(s) _{(aba}	R LINE NUMBER: PAGE 29 eck only one)	/ 57
TEMIZED DISBURSEMEN	for each category of the Detailed Summary Pa	ne nge X 2	21b 22 23 24 25 27 28a 28b 28c 29	
			erson for the purpose of soliciting contribution eto solicit contributions from such committe	
NAME OF COMMITTEE (In Full) Massachusetts Republican State	Congressional Committee			
Full Name (Last, First, Middle Initial) Nick Connors			Transaction ID: 90508.E1117 Date of Disbursement	
Mailing Address 74 Green Stree	t		04 02 7 200) 9 [°]
City Stoneham	State Zip Code MA 02180-		Amount of Each Disbursement thi	s Period
Purpose of Disbursement Reimbursement See Below			279.	20
Candidate Name		Categor Type	•	
Office Sought: House Senate President State: District:	Disbursement For: Primary Gene Other (specify) ▼	eral	REIMBURSEMENT SEE BEL	.OW
Full Name (Last, First, Middle Initial) Delta Airline			Transaction ID: 90508.E1117 Date of Disbursement	 '5
Mailing Address web address or	nly- www.delta.com		0 4 M / D 0 2 / Y 2 0 0	5 9 °
City Boston	State Zip Code MA 02114-		Amount of Each Disbursement thi	s Period
Purpose of Disbursement N. Connors Reimbursement for Airfare	<u> </u>		279.	20
Candidate Name		Categor Type		
Office Sought: House Senate President State: District:	Disbursement For: Primary Gene Other (specify) ▼	eral	[MEMO ITEM] MEMO: N. CONNORS REIME EMENT FOR AIRFARE	3URS-
Full Name (Last, First, Middle Initial) Nick Connors			Transaction ID: 90508.E1117 Date of Disbursement	⁷ 6
Mailing Address 74 Green Stree	t		04 02 7 200	၁် 9 ^Υ
City Stoneham	State Zip Code MA 02180-		Amount of Each Disbursement thi	s Period
Purpose of Disbursement Reimbursement for parking food and tr			123.	00
Candidate Name		Categor Type		
Office Sought: Senate President State: District:	Disbursement For: Primary Gene Other (specify) ▼		REIMBURSEMENT FOR PAR FOOD AND TRAVEL	RKING
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\		Republican State	Congres	sional Con	nmittee										
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	ose of Disbu	irsement or parking food and tr	ravel			Г	•			-			, ,	315.42	-
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INICK	Connors									_		ement	V	V . V .	V
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City Ston	neham			State MA	Zip Code 02180-			\dagger	Amou	nt o	Each	Disbu	seme	nt this f	Perio
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SCHEDULE B (FEC Form 3X)		FOR LINE	NUMBER: PAGE 31 / 57
TEMIZED DISBURSEMENTS	Use separate schedule(s) for each category of the	(check only	one)
	Detailed Summary Page	X 21b 27	22 23 24 25 26 28a 28b 28c 29 30b
Any Information copied from such Reports and Statem		by any person for	or the purpose of soliciting contributions
or for commercial purposes, other than using the name			
NAME OF COMMITTEE (In Full) Massachusetts Republican State Congress	cional Committoe		
,	monai oominiillee		
Full Name (Last, First, Middle Initial) UA United Airlines			Transaction ID: 90513.E11311 Date of Disbursement
Mailing Address web address only- www.t	united.com		$\begin{bmatrix} \begin{smallmatrix} M & 4 & M \\ 0 & 4 & M \end{smallmatrix} \end{bmatrix} / \begin{bmatrix} \begin{smallmatrix} D & 3 & 0 \\ 0 & 3 & 0 \end{smallmatrix} \end{bmatrix} / \begin{bmatrix} \begin{smallmatrix} Y & Y & Y & Y \\ 2 & 0 & 0 & 9 \end{smallmatrix} Y$
•	State Zip Code MA 02114-		Amount of Each Disbursement this Period
Purpose of Disbursement N. Connors Reimbursement for Airfare		•	427.20
Candidate Name		Category/	
Office Sought: House Dishurs	mont For:	Туре	[MEMO ITEM]
Office Sought: House Disburse Senate President	ement For: Primary General Other (specify)		MEMO: N. CONNORS REIMBURS- EMENT FOR AIRFARE
State: District:			
Full Name (Last, First, Middle Initial) Nick Connors			Transaction ID: 90513.E11312 Date of Disbursement
			M M / D D / Y Y Y Y
Mailing Address 74 Green Street			04 30 2009
,	State Zip Code MA 02180-		Amount of Each Disbursement this Period
Purpose of Disbursement	17/7 02 100-		764.01
Reimbursement - See Below		0.11	
Candidate Name		Category/ Type	
Senate President	ement For: Primary General Other (specify)		REIMBURSEMENT - SEE BELOW
State: District: Full Name (Last, First, Middle Initial)			Transaction ID: 90513.E11313
Hotwire, Inc. Hotwire, Inc.			Date of Disbursement
Mailing Address 655 Montgomery St. Suite 600			$\begin{bmatrix} \begin{smallmatrix} M & 4 & M \\ 0 & 4 & M \end{bmatrix} \ / \ \begin{bmatrix} \begin{smallmatrix} D & 3 & 0 \\ 0 & 3 & 0 \end{bmatrix} \ / \ \begin{bmatrix} \begin{smallmatrix} Y & 2 & 3 & 0 \\ 2 & 0 & 0 & 9 \end{bmatrix} $
City	State Zip Code CA 94111-		Amount of Each Disbursement this Period
Purpose of Disbursement N. Connors Reimbursement for Hotel	1		764.01
Candidate Name		Category/	
00000		Туре	[MEMO ITEM]
Office Sought: House Disburse Senate	ment For: Primary General Gen		MEMO: N. CONNORS REIMBURS- EMENT FOR HOTEL
President	Other (specify) ▼		LINEINTIOTEL
State: District:			
SUBTOTAL of Disbursements This Page (optional)			764.01

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SCHEDULE B (FEC Form 3X)	Use separate schedul	9(S) /-	E NUMBER: PAGE 32/57
TEMIZED DISBURSEMENTS	for each category of the Detailed Summary Page	e (check on	ıy one) □ 22 □ 23 □ 24 □ 25 □ 2
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Any Information copied from such Reports and State or for commercial purposes, other than using the nar			
NAME OF COMMITTEE (In Full)	ne and address of any pon	iloar committee to s	olot contributions from such committee
Massachusetts Republican State Congre	ssional Committee		
Full Name (Last, First, Middle Initial)			Transaction ID: 90508.E11200
Keswick Consulting			Date of Disbursement O 4
Mailing Address 231 Victory Road			0 4 1 6 2 0 0 9
City Quincy	State Zip Code MA 02171-		Amount of Each Disbursement this Period
Purpose of Disbursement		v v	3000.00
Political Consulting Fee - party related non FEA Candidate Name		Category/	
		Туре	
Senate	sement For: Primary Gene	ral	POLITICAL CONSULTING FEE - PARTY RELATED NON FEA
State: President State:	Other (specify)		
Full Name (Last, First, Middle Initial)			Transaction ID: 90508.E11173
Copy Cop			Date of Disbursement
Mailing Address 12 Channel St.			044 / 02 / 2009
City Boston	State Zip Code MA 02210-		Amount of Each Disbursement this Period
Purpose of Disbursement			2709.04
Letterhead and Envelopes Party Related - Non F Candidate Name	EA	Category/	
		Туре	
Senate	sement For: Primary Gene	ral	LETTERHEAD AND ENVELOPES PARTY RELATED - NON FEA
State: President State:	Other (specify)		
Full Name (Last, First, Middle Initial)			Transaction ID: 90508.E11184
Copy Cop			Date of Disbursement
Mailing Address 12 Channel St.			044 / 07 / 2009
City Boston	State Zip Code MA 02210-		Amount of Each Disbursement this Period
Purpose of Disbursement			542.85
Letterhead and Envelopes Party Related - Non F Candidate Name	EA	Category/	
		Туре	
Senate	sement For: Primary Gene	ral	LETTERHEAD AND ENVELOPES PARTY RELATED - NON FEA
State: District:	Other (specify)		
State. District.			
SUBTOTAL of Disbursements This Page (optional			6251.89

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SCHEDULE B (FEC Form 3X)	Use separate schedule(s)	FOR LINE	
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NAME OF COMMITTEE (In Full)			
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Full Name (Last, First, Middle Initial) Copy Cop			Transaction ID: 90513.E11307 Date of Disbursement
			0 4
Mailing Address 12 Channel St.			30 2003
•	State Zip Code MA 02210-		Amount of Each Disbursement this Period
Purpose of Disbursement	ı		2936.85
Letterhead and Envelopes Party Related - Non FE			
Candidate Name		Category/ Type	
Senate	ment For: Primary General		LETTERHEAD AND ENVELOPES PARTY RELATED - NON FEA
President State: District:	Other (specify)		
Full Name (Last, First, Middle Initial)			Transaction ID: 90508.E11197
DirecTV DirecTV			Date of Disbursement
Mailing Address PO Box 60036			04 4 16 7 2009
•	State Zip Code		Amount of Each Disbursement this Period
	CA 90060-0036		15.52
Purpose of Disbursement Cable Service			10.02
Candidate Name		Category/ Type	
Senate	ment For: Primary General		CABLE SERVICE
State: President State:	Other (specify)		
Full Name (Last, First, Middle Initial)			Transaction ID: 90508.E11179
Federal Express (Fed Ex)			Date of Disbursement
Mailing Address PO Box 371461			$\begin{bmatrix} \begin{smallmatrix} M & A & M \\ O & A & M \end{smallmatrix} \end{bmatrix} / \begin{bmatrix} \begin{smallmatrix} D & D \\ O & D \end{smallmatrix} \end{bmatrix} / \begin{bmatrix} \begin{smallmatrix} Y & Y & Y & Y & Y \\ Z & O & O & P \end{bmatrix}$
	State Zip Code PA 15250-		Amount of Each Disbursement this Period
Purpose of Disbursement	ı		38.24
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ÿ H	ment For:		EXPRESS MAIL
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State: District:			
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SCHEDULE B (FEC Form 3X)	Use separate schedule(s)		NE NUMBER: PAGE 34 / 57						
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Any Information copied from such Reports and Statem	ents may not be sold or used by								
or for commercial purposes, other than using the name									
NAME OF COMMITTEE (In Full)									
/ Massachusetts Republican State Congress	sional Committee								
Full Name (Last, First, Middle Initial) Federal Express (Fed Ex)			Transaction ID: 90508 Date of Disbursement	3.E11207					
Mailing Address PO Box 371461			04 / 24 /	[°] 2009					
City Pittsburgh	State Zip Code PA 15250-		Amount of Each Disburse						
Purpose of Disbursement Express Mail				37.53					
Candidate Name		Category/ Type							
Office Sought: Senate President State: Disburse	ment For: Primary General Other (specify)		EXPRESS MAIL						
Full Name (Last, First, Middle Initial) Federal Express (Fed Ex)			Transaction ID: 90513	3.E11306					
Mailing Address PO Box 371461			04 / 30 /	2009					
City Pittsburgh	State Zip Code PA 15250-		Amount of Each Disburse	ement this Period					
Purpose of Disbursement Express Mail				26.64					
Candidate Name	C	Category/ Type							
Senate President	ment For: Primary General Other (specify)		EXPRESS MAIL						
State: District: Full Name (Last, First, Middle Initial)									
Kaitlyn Greeley			Transaction ID: 90508 Date of Disbursement						
Mailing Address 34 Fresno St.			$\begin{bmatrix} \begin{smallmatrix} M & M \end{smallmatrix} & \begin{smallmatrix} M & M \end{smallmatrix} & \begin{smallmatrix} D & D & D \end{smallmatrix} \end{bmatrix}$	Y ŽOÕ9					
City Boston	State Zip Code MA 02131-		Amount of Each Disburse						
Purpose of Disbursement Reimbursement for parking food and travel		-		38.65					
Candidate Name		Category/ Type							
Office Sought: Senate President State: Disburse	ment For: Primary General Other (specify)		REIMBURSEMENT FO FOOD AND TRAVEL	OR PARKING					
SUBTOTAL of Disbursements This Page (optional)		•		102.82					
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Λ	NAME OF COMMITTEE (In Full)												
V	Massachusetts Republican State Cong	ressional Comr	mittee										
	Full Name (Last, First, Middle Initial) Guardian Guardian								on ID:		08.E	11180	
	Mailing Address Boston Group Office 1 Liberty Square						0 ^M 4	M	^D 0	D /	Y	ž o ŏ s	Y
	City Boston	State MA	Zip Code 02109-				Amou	int of	Each	Disbu	rseme	nt this F	Period
	Purpose of Disbursement Dental Insurance					7						499.75	
	Candidate Name				egory								
	Office Sought: House Disb Senate President State: District:	ursement For: Primary Other (speci	General ▼				DENT	ĀL	INSU	RANG	CE		
	Full Name (Last, First, Middle Initial)						Tropo	ooti	on ID:	005	00 E	11172	
	Hampshire House						Date of		sburse				Υ
	Mailing Address 84 Beacon St.						0 4		0	2		ž 0 ŏ 9)
	City Boston		Zip Code 02108-				Amou	int of	Each	Disbu		nt this F	
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	Full Name (Last, First, Middle Initial) Hampshire House						Trans Date		-		13.E	11318	
	Mailing Address 84 Beacon St.						0 ^M 4	M	^D 3	0 /	Y	ž o ŏ s) Y
	City Boston	State MA	Zip Code 02108-				Amou	int of	Each	Disbu	rseme	nt this F	Period
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SCHEDULE B (FEC Form 3X)		NUMBER: PAGE 36/57				
ITEMIZED DISBURSEMENTS	Use separate schedule(s) for each category of the Detailed Summary Page					
	Detailed Summary Fage	27	22 23 24 25 26 28a 28b 28c 29 30b			
Any Information copied from such Reports and Statem						
or for commercial purposes, other than using the name NAME OF COMMITTEE (In Full)	and address of any political c	committee to so	ilcit contributions from such committee			
Massachusetts Republican State Congress	ional Committee					
/ Maddachaddid Hopadhaan State Congress	nonai committee					
Full Name (Last, First, Middle Initial)			Transaction ID: 90508.E11169			
Lyndsay Jones			Date of Disbursement			
Mailing Address 16 Oval Road			04			
•	State Zip Code MA 02170-		Amount of Each Disbursement this Period			
Purpose of Disbursement			227.64			
Reimbursement for parking food and travel Candidate Name		0.1				
Candidate Name		Category/ Type				
Office Sought: House Disburse	ment For:		REIMBURSEMENT FOR PARKING			
Senate	Primary General		FOOD AND TRAVEL			
President State: District:	Other (specify)					
Full Name (Last, First, Middle Initial)			Transaction ID: 90508.E11188			
Lyndsay Jones			Date of Disbursement			
Mailing Address 16 Oval Road			$\begin{bmatrix} \begin{smallmatrix} M & M \end{smallmatrix} & \begin{smallmatrix} M & M \end{smallmatrix} & \begin{smallmatrix} D & D & D \end{smallmatrix} & \begin{smallmatrix} D & D & M \end{smallmatrix} & \begin{smallmatrix} Y & Y & Y & Y & Y \\ Q & Q & M & M \end{smallmatrix} & \begin{smallmatrix} D & D & M & M \end{smallmatrix} $			
,	State Zip Code MA 02170-		Amount of Each Disbursement this Period			
Purpose of Disbursement	02170		56.07			
Reimbursement for parking food and travel						
Candidate Name		Category/ Type				
Office Sought: House Disburse	ment For:	1) 0				
Senate	Primary General		REIMBURSEMENT FOR PARKING FOOD AND TRAVEL			
President State: District:	Other (specify) ▼					
Full Name (Last, First, Middle Initial)			Transaction ID: 90508.E11194			
Lyndsay Jones			Date of Disbursement			
Mailing Address 16 Oval Road			$\begin{bmatrix}\begin{smallmatrix}M&4&M\\0&4&\end{smallmatrix}\end{bmatrix}/\begin{bmatrix}\begin{smallmatrix}D&1&0\\&1&6\end{smallmatrix}\end{bmatrix}/\begin{bmatrix}\begin{smallmatrix}Y&Y&Y&Y&Y\\2&0&0&9\end{smallmatrix}$			
	State Zip Code		Amount of Each Disbursement this Period			
Quincy Purpose of Disbursement	MA 02170-		151.16			
Reimbursement for parking food and travel						
Candidate Name		Category/ Type				
	ment For:		REIMBURSEMENT FOR PARKING			
Senate	Primary General		FOOD AND TRAVEL			
State: District:	Other (specify) ▼					
I						
SUBTOTAL of Disbursements This Page (optional) .		>	434.87			
TOTAL This Period (last page this line number only)						

C.

SCHEDULE B (FEC Form 3X)		FOR LINE	NUMBER: PAGE 37 / 57
ITEMIZED DISBURSEMENTS	Use separate schedule(s) for each category of the	(check only	v one)
	Detailed Summary Page	X 21b 27	22 23 24 25 26 28a 28b 28c 29 30b
Any Information copied from such Reports and Statem			
or for commercial purposes, other than using the name NAME OF COMMITTEE (In Full)	e and address of any political o	committee to sol	icit contributions from such committee
Massachusetts Republican State Congress	sional Committee		
Full Name (Last, First, Middle Initial)			Transaction ID: 90508.E11217
Lyndsay Jones			Date of Disbursement
Mailing Address 16 Oval Road			$\begin{bmatrix} \begin{smallmatrix} M & M \\ O & 4 \end{smallmatrix} \end{bmatrix} / \begin{bmatrix} \begin{smallmatrix} D & D \\ D & 2 \end{smallmatrix} \end{bmatrix} / \begin{bmatrix} \begin{smallmatrix} Y & Y & Y & Y \\ D & 2 \end{smallmatrix} O & O & 9 \end{smallmatrix} $
City Quincy	State Zip Code MA 02170-		Amount of Each Disbursement this Period
Purpose of Disbursement	92170		76.32
Reimbursement for parking food and travel Candidate Name		Cotogony	
Cardidate Name		Category/ Type	
Office Sought: House Disburse Senate President	ment For: Primary General Other (specify)		REIMBURSEMENT FOR PARKING FOOD AND TRAVEL
State: District:	•		
Full Name (Last, First, Middle Initial) Brett Kasper			Transaction ID: 90508.E11193 Date of Disbursement
·			M M / D D / Y Y Y Y
Mailing Address 43 Eastern Ave. Apt. 3			04 16 2009
City Lynn	State Zip Code MA 01902-		Amount of Each Disbursement this Period
Purpose of Disbursement	01302		97.93
Reimbursement for parking food and travel Candidate Name		Catanand	
Candidate Name		Category/ Type	
Office Sought: House Disburse Senate President	ment For: Primary General Other (specify)		REIMBURSEMENT FOR PARKING FOOD AND TRAVEL
State: District:			
Full Name (Last, First, Middle Initial) Brett Kasper			Transaction ID: 90508.E11192 Date of Disbursement
Mailing Address 43 Eastern Ave. Apt. 3			$\begin{bmatrix} \begin{smallmatrix} M & A & M \\ O & A & M \end{bmatrix} \ / \ \begin{bmatrix} \begin{smallmatrix} D & D \\ D & I & G \end{bmatrix} \ / \ \begin{bmatrix} \begin{smallmatrix} Y & Y & Y & Y & Q & Y \\ Q & O & O & Q \end{bmatrix}$
City Lynn	State Zip Code MA 01902-		Amount of Each Disbursement this Period
Purpose of Disbursement			111.22
Reimbursement for parking food and travel Candidate Name		Catagony	
Cardidate Name		Category/ Type	
Office Sought: House Disburse Senate President	ment For: Primary General Other (specify)		REIMBURSEMENT FOR PARKING FOOD AND TRAVEL
State: District:	· · · · · · · · · · · · · · · · · · ·		
SUBTOTAL of Disbursements This Page (optional)		>	285.47

C.

SCHEDULE B (FEC Form 3X)	Use separate schedule(s)	FOR LINE	
ITEMIZED DISBURSEMENTS	for each category of the Detailed Summary Page	(check only 21b 27	22 23 24 25 26 28a 28b 28c 29 30b
Any Information copied from such Reports and State or for commercial purposes, other than using the nar			
NAME OF COMMITTEE (In Full) Massachusetts Republican State Congres			
Full Name (Last, First, Middle Initial)			Transaction ID: 90508.E11177
Barney Keller			Date of Disbursement
Mailing Address 187 Lewis Rd.			$\begin{bmatrix} \begin{smallmatrix} M & 4 & M \\ 0 & 4 & M \end{smallmatrix} \end{bmatrix} / \begin{bmatrix} \begin{smallmatrix} D & D \\ 0 & 2 \end{smallmatrix} \end{bmatrix} / \begin{bmatrix} \begin{smallmatrix} Y & Y & Y & Y \\ 2 & 0 & 0 & 9 \end{smallmatrix} \end{bmatrix}$
City Belmont	State Zip Code MA 02478-		Amount of Each Disbursement this Period
Purpose of Disbursement reimbursement for cell phone			118.51
Candidate Name		Category/ Type	
Office Sought: House Disburs Senate President State: District:	ement For: Primary General Other (specify)		REIMBURSEMENT FOR CELL PHONE
Full Name (Last, First, Middle Initial) Barney Keller			Transaction ID: 90508.E11181 Date of Disbursement
Mailing Address 187 Lewis Rd.			0 4 D D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State Zip Code		Amount of Each Disbursement this Period
Belmont Purpose of Disbursement	MA 02478-		106.26
Reimbursement for parking food and travel			
Candidate Name		Category/ Type	
Office Sought: House Disburs Senate President	ement For: Primary General Other (specify)		REIMBURSEMENT FOR PARKING FOOD AND TRAVEL
State: District:			
Full Name (Last, First, Middle Initial) Barney Keller			Transaction ID: 90508.E11211 Date of Disbursement
Mailing Address 187 Lewis Rd.			$\begin{bmatrix} \begin{smallmatrix} M & A & M \\ O & A & M \end{bmatrix} / \begin{bmatrix} \begin{smallmatrix} D & D \\ D & A \end{bmatrix} / \begin{bmatrix} \begin{smallmatrix} Y & Y & Y & Y & Y \\ Y & Z & O & O & P \end{bmatrix}$
City Belmont	State Zip Code MA 02478-		Amount of Each Disbursement this Period
Purpose of Disbursement reimbursement for cell phone		• •	115.00
Candidate Name		Category/ Type	
Office Sought: House Disburs Senate President	ement For: Primary General Other (specify)	. 140	REIMBURSEMENT FOR CELL PH- ONE
State: District:			
SUBTOTAL of Disbursements This Page (optional)			339.77

	CHEDULE B (FEC Form 3X)		e schedule(s)	_		28a 28b 28c 29					57	_			
_	EMIZED DISBURSEMENTS	for each cate Detailed Sun	nmary Page	X	21b 27						29		26 30		
	ny Information copied from such Reports and Staten for commercial purposes, other than using the nam-														
K	NAME OF COMMITTEE (In Full)		, i	 							-			_	
	Massachusetts Republican State Congress	sional Commi	ittee												
	Full Name (Last, First, Middle Initial) Matthew Keswick							isburs	en	7 /					
	Mailing Address 231 Victory Road					0 4	IVI	′ 📙	1 6	S ' L	2	o ŏ	9 '		
	City North Quincy		p Code 2171-			Amou	ınt o	f Eacl	n C	isburse	emer	t this	Perioc	t	
	Purpose of Disbursement Reimbursement for parking food and travel					L.	-				2	08.2	5	_	
	Candidate Name			tego Γype	ry/										
	Office Sought: House Disburse Senate President	ement For: Primary Other (specify	General			REIN FOOI	BU O A	RSE! ND T	ME	NT FO	OR I	PARK	(ING		
_	State: District:		· 												
	Full Name (Last, First, Middle Initial) Richard Lawton							on ID		90508 nent	3.C1	7344	5IK		
	Mailing Address 10 Alderwood Dr.					0 ^M 4	М	/ D	2 7	7 /	2	o ŏ	9 ^Y		
	City Easton		p Code 2334-			Amou	ınt o	f Eacl	n C	isburse	emer	t this	Perioc	t	
	Purpose of Disbursement R. Lawton contribution of catering for party-related	fundraising eve	ent		\neg		_				4	00.00)	_	
	Candidate Name	<u> </u>		tego Γype	ry/										
	Senate President	ement For: Primary Other (specify	General) ▼	<u></u>		IN KI BUTI RTY- FVFN	<u>R</u> EI	R. L OF C ATE	A\ CA D	VTON TERIN FUND	CC IG F RAI	NTR FOR I SING	- ⊃A- ì		
_	State: District: Full Name (Last, First, Middle Initial)							ID		90410	. [1	1110		_	
	Boston Marriott Newton					Date		isburs	en	nent					
	Mailing Address 2345 Commonwealth Av	e.				0 4		<u> </u>	0 2		2	o ŏ	9		
	City Newton		p Code 2466-			Amou	ınt o	f Eacl	n C	isburse	emer	t this	Period	t	
	Purpose of Disbursement Catering and room rental for State Committee Mee	ting - non FEA					-				11	22.80)	_	
	Candidate Name			tego Type	ry/										
	Senate President	ement For: Primary Other (specify	General			CATE FOR NG -	RII ST/ NO	NG A NTE (N FE	NI CC A	D ROC DMMIT	M F	RENT E MEI	AL ETI-		
Г	State: District:								_					_	
Ŀ	SUBTOTAL of Disbursements This Page (optional)			 	>	L.					17	31.0	5		

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SCHEDULE B (FEC Form 3X)	Use separate schedule(s)		FOR LIN											
ITEMIZED DISBURSEMENTS	for each category of the Detailed Summary Page		X 21b 27	22 288		23 28b	24 28c		25 29	26 30b				
Any Information copied from such Reports and Statem or for commercial purposes, other than using the nam			ny persor	for the	purpo	se of s	oliciting c		outions					
NAME OF COMMITTEE (In Full)														
Massachusetts Republican State Congress	sional Committee													
Full Name (Last, First, Middle Initial) Merchants Bankcard				Transaction ID: 90513.E11322 Date of Disbursement M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y										
Mailing Address Fleet Bank 100 Federal Street) Y				
City Boston	State Zip Code MA 02110-			Am	ount c	f Each	Disburse	-						
Purpose of Disbursement Credit Card Fee									25.30)				
Candidate Name			tegory/ Гуре											
Office Sought: House Disburse Senate President State: District:	ement For: Primary General Other (specify)			CRI	EDIT	CARI) FEE							
Full Name (Last, First, Middle Initial)				Tra	neact	ion ID:	90513	R F1	1321					
Merchants Bankcard				_	e of D	isburse				Y				
Mailing Address Fleet Bank 100 Federal Street				O O			01	2	0 0 9	9				
City Boston	State Zip Code MA 02110-			Am	ount c	f Each	Disburse	-						
Purpose of Disbursement Credit Card Fee								1	77.59					
Candidate Name			tegory/ Type											
Senate President	ement For: Primary General Other (specify)			CRI	EDIT	CARI) FEE							
State: District:														
Full Name (Last, First, Middle Initial) Merchants Bankcard				Dat	e of D	isburs				_				
Mailing Address Fleet Bank 100 Federal Street				O ^M	4 ^M	[′]	2 /	ž	0 0 9) [`]				
City Boston	State Zip Code MA 02110-			Am	ount c	f Each	Disburse	emen		-				
Purpose of Disbursement Credit Card Fee									2.45					
Candidate Name			tegory/ Type											
Office Sought: House Disburse Senate President	ement For: Primary General Other (specify)			CRI	EDIT	CARI) FEE							
State: District:	- ·													
SUBTOTAL of Disbursements This Page (optional)			•					20	05.34					

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SCHEDULE B (FEC Form 3X)	Hereards L. L. C.	FOR LINE	NUMBER: PAGE 41 / 57									
ITEMIZED DISBURSEMENTS	Use separate schedule(s) for each category of the	(check only	one)									
	Detailed Summary Page	X 21b 27	22 23 28b 28b	24 25 26 28c 29 30b								
Any Information copied from such Reports and Stater	nents may not be sold or used by											
or for commercial purposes, other than using the name												
NAME OF COMMITTEE (In Full)												
/ Massachusetts Republican State Congres	sional Committee											
Full Name (Last, First, Middle Initial) Konica Minolta Business Systems			Date of Disburser	90508.E11198 ment								
Mailing Address P.O. Box 7247-0322		04										
City Philadelphia												
Purpose of Disbursement Copier Equipment Lease				2647.44								
Candidate Name		Category/ Type										
Office Sought: House Disburs Senate President State: District:	ement For: Primary General Other (specify)		COPIER EQUIP	PMENT LEASE								
Full Name (Last, First, Middle Initial)			Transaction ID:	90508.E11185								
Jennifer Nassour			Date of Disburser									
Mailing Address 49 Chelsea St., Unit C1-	307		04 0	7 2009								
City Boston	State Zip Code MA 02129-		Amount of Each [Disbursement this Period								
Purpose of Disbursement				69.63								
Reimbursement for parking food and travel Candidate Name		Category/ Type										
Office Sought: House Senate President State: District:	ement For: Primary General Other (specify)		REIMBURSEMI FOOD AND TR	ENT FOR PARKING AVEL								
Full Name (Last, First, Middle Initial)			Transaction ID:	90508.E11210								
Jennifer Nassour			Date of Disburser									
Mailing Address 49 Chelsea St., Unit C1-	307		04 / 2	4 2009								
City Boston	State Zip Code MA 02129-		Amount of Each [Disbursement this Period								
Purpose of Disbursement												
Reimbursement for parking food and travel Candidate Name		Category/										
Office Sought: House Disburs Senate President State: District:	ement For: Primary General Other (specify)	. 700	REIMBURSEMI FOOD AND TR	ENT FOR PARKING AVEL								
1				3015.78								
SUBTOTAL of Disbursements This Page (optional)		<u></u>		3013.76								

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SCHEDULE B (FEC Form 3X)	Use separate schedule(s)		E NUMBER: PAGE 42/57										
ITEMIZED DISBURSEMENTS	for each category of the Detailed Summary Page	(check onl	ny one) 22										
	Detailed Guillinary Fage	27	28a 28b 28c 29 30b										
Any Information copied from such Reports and Statem or for commercial purposes, other than using the name													
NAME OF COMMITTEE (In Full)	and address of any political c	committee to so	Sicil contributions from Such committee										
Massachusetts Republican State Congress	ional Committee												
/													
Full Name (Last, First, Middle Initial) Jennifer Nassour			Transaction ID: 90508.E11202 Date of Disbursement										
Mailing Address 49 Chelsea St., Unit C1-3	Address 49 Chelsea St., Unit C1-307												
•	State Zip Code MA 02129-		Amount of Each Disbursement this Period										
Purpose of Disbursement			265.00										
Reimbursement for parking food and travel													
Candidate Name		Category/ Type											
Senate President	ment For: Primary General Other (specify)		REIMBURSEMENT FOR PARKING FOOD AND TRAVEL										
State: District:													
Full Name (Last, First, Middle Initial) Communication Inc OBrien			Transaction ID: 90508.E11208 Date of Disbursement										
Mailing Address PO Box 659			$\begin{bmatrix} \begin{smallmatrix} M & M \\ O & 4 \end{smallmatrix} \end{bmatrix} / \begin{bmatrix} \begin{smallmatrix} D & D \\ 2 & 4 \end{smallmatrix} \end{bmatrix} / \begin{bmatrix} \begin{smallmatrix} Y & Y & Y & Y \\ 2 & 0 & 0 & 9 \end{smallmatrix} \end{bmatrix}$										
•	State Zip Code MA 02093-		Amount of Each Disbursement this Period										
Purpose of Disbursement Phone System Repair			155.00										
Candidate Name		Category/ Type											
Office Sought: Senate President State: Disburse	ment For: Primary General Other (specify)		PHONE SYSTEM REPAIR										
Full Name (Last, First, Middle Initial)			T										
Ox-Eye Properties			Transaction ID: 90513.E11314 Date of Disbursement										
Mailing Address c/o Massey & Co. 85 Merrimac Street			04										
•	State Zip Code MA 02114-		Amount of Each Disbursement this Period										
Purpose of Disbursement Rent and Utilities			4831.10										
Candidate Name		Category/ Type											
Office Sought: House Disburse Senate President State: District:	ment For: Primary General Other (specify) ▼		RENT AND UTILITIES										
SUBTOTAL of Disbursements This Page (optional) .			5251.10										
TOTAL This Period (last page this line number only)													

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SCHEDULE B (FEC Form 3X)	Harana and a data	FOR LINE	LINE NUMBER: PAGE 43/57										
ITEMIZED DISBURSEMENTS	Use separate schedule(s) for each category of the	(check only	- · — —										
	Detailed Summary Page	X 21b 27	22 23 28b 28b	24 25 26 28c 29 30b									
Any Information copied from such Reports and Statem or for commercial purposes, other than using the nam													
NAME OF COMMITTEE (In Full) Massachusetts Republican State Congress	pional Committee												
Massachusetts nepublican State Congress	sional Committee												
Full Name (Last, First, Middle Initial) Ox-Eye Properties			Transaction ID: 90 Date of Disbursement										
Mailing Address c/o Massey & Co. 85 Merrimac Street			04	2009									
	State Zip Code MA 02114-		Amount of Each Disl	bursement this Period									
Purpose of Disbursement	02114			4969.74									
Rent and Utilities Candidate Name		Category/ Type											
Office Sought: House Disburse Senate President State: District:	ement For: Primary General Other (specify)		RENT AND UTILI	ΓIES									
Full Name (Last, First, Middle Initial)			Transaction ID: 9	NENO E11010									
Boston Park Plaza			Date of Disbursemen										
Mailing Address 64 Arlington St.			04 / 24	^Y 2009 ^Y									
City Boston	State Zip Code MA 02116-		Amount of Each Disl	bursement this Period									
Purpose of Disbursement Room Rental and Catering for Lincoln Reagan Din	nor Eundrainar Non EEA			1000.00									
Candidate Name	Tiel Fullulaisel - NOTI FEA	Category/ Type											
Senate President	ement For: Primary General Other (specify)		ROOM RENTAL A FOR LINCOLN RE FUNDRAISER - N	AND CATERING EAGAN DINNER ON FEA									
State: District: Full Name (Last, First, Middle Initial)			Transaction ID: 9	0508 E11168									
Paychex/InterPay			Date of Disbursemen										
Mailing Address PO Box 8295			$\begin{bmatrix} 0 & 4 & M & 1 \end{bmatrix}$	Y 2009									
City Boston	State Zip Code MA 02266-		Amount of Each Disl	bursement this Period									
Purpose of Disbursement Payroll Tax				1845.79									
Candidate Name		Category/ Type											
Office Sought: House Disburse Senate President	ement For: Primary	Туре	PAYROLL TAX										
State: District:	- (-i J) V												
SUBTOTAL of Disbursements This Page (optional)				7815.53									

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SCHEDULE B (FEC Form 3X)		arate schedule(s)				NE NUMBER: PAGE 44 / 5 only one)							57					
ITEMIZED DISBURSEMENTS		category of the Summary Page	-	X	_		22 28a		23 28b	24 28c		25 29	26 30b					
Any Information copied from such Reports and Statem or for commercial purposes, other than using the nam					y persor													
NAME OF COMMITTEE (In Full)																		
Massachusetts Republican State Congress	sional Con	nmittee																
Full Name (Last, First, Middle Initial) Paychex/InterPay						Transaction ID: 90508.E11162 Date of Disbursement												
Mailing Address PO Box 8295						04 M / 16 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y												
City Boston	State MA	Zip Code 02266-					Amou	nt of	f Each	Disburse	men	t this f	nis Period					
Purpose of Disbursement Payroll Tax	1417 (02200		0	-						27	27.53	3					
Candidate Name					gory/ pe													
Office Sought: House Disburse Senate President State: District:	ement For: Primary Other (spe	General ecify) ▼			•		PAYR	ROL	L TA>	<								
Full Name (Last, First, Middle Initial)						+	Trono	ti	an ID:	00500		1004						
Paychex/InterPay							Date o		isburse				Y					
Mailing Address PO Box 8295							0 4		3	0 /	2	0 ŏ s)					
City Boston	State MA	Zip Code 02266-					Amou	nt of	f Each	Disburse								
Purpose of Disbursement Payroll Tax											22	43.60						
Candidate Name					gory/ pe													
Senate President	ement For: Primary Other (spe	General ecify) ▼					PAYR	ROL	L TAX	<								
State: District:																		
Full Name (Last, First, Middle Initial) Boston Postmaster							Date o	of Di	isburse									
Mailing Address JW MCCORMACK STAT New Chardon Street	TON						0 ^M 4	М	0	2 /	Ž	o ŏ s) Y					
City Boston	State MA	Zip Code 02114-					Amou	nt of	f Each	Disburse	-							
Purpose of Disbursement Non-FEA Party Related Postage					·			-			4	20.00						
Candidate Name					gory/ pe													
Office Sought: House Disburse Senate President	ement For: Primary Other (spe	General ecify)				NON-FEA PARTY RELATED POS TAGE							OS-					
State: District:																		
SUBTOTAL of Disbursements This Page (optional)					<u> </u>						53	91.13						

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IT _	EMIZED DISBURSEMENTS	for each category of the Detailed Summary Page		<u>`</u>	21b 27	22 28a		23 28b	24 28		25 29	26
	y Information copied from such Reports and Stati for commercial purposes, other than using the na											
	NAME OF COMMITTEE (In Full) Massachusetts Republican State Congre	ssional Committee										
	Full Name (Last, First, Middle Initial) Boston Postmaster					Date	of D	sburs	: 905 ement			
	Mailing Address JW MCCORMACK ST. New Chardon Street	ATION				0 4	М	^D 2	88	Y	ž 0 ŏ 9	Y
	City Boston	State Zip Code MA 02114-				Amou	int o	f Each	Disbu		nt this F	-
	Purpose of Disbursement Non-FEA Party Related Postage Candidate Name		C	atego	orv/	L.		•		. (630.00	•
		sement For: Primary General Other (specify)		Тур		NON- TAGE		A PAF	RTY R	ELAT	ED PO	DS-
	Full Name (Last, First, Middle Initial) Mccormick & Schmicks Seafood Restau					Date		sburs	905 ement		11186 2 0 0 9	Υ
	Mailing Address Faneuil Haill Marketpla North Market Building									-		
	City Boston	State Zip Code MA 02109-				Amou	int o	f Each	Disbu		nt this F 200.00	
	Purpose of Disbursement Room Rental and Catering Deposit for Media Br Candidate Name	efing -party related Non FEA		atego Type	-		•				200.00	
	Office Sought: Senate President State: Disbut	sement For: Primary General Other (specify) ▼				ROOI DEPC -PAR	M R DSI TY	ENTA FOF RELA	AL AN R MED TED I	D CA DIA BI NON	TERIN RIEFIN FEA	IG IG
	Full Name (Last, First, Middle Initial) Mccormick & Schmicks Seafood Restau	ant				Date		sburs				V
	Mailing Address Faneuil Haill Marketpla North Market Building	ce				0 4	IVI	້ _ ້ 2	24		ž 0 ŏ 9	
	City Boston	State Zip Code MA 02109-				Amou	int o	Each	Disbu		nt this F	
	Purpose of Disbursement Room Rental and Catering for Media Briefing -p Candidate Name	arty related Non FEA		atego Type			•	•		2	219.65	
	Office Sought: Senate President State: Disbut	sement For: Primary General Other (specify)		. 750		ROOI FOR RELA	M R MEI TEI	ENTA DIA B D NO	AL AN BRIEFI N FE <i>F</i>	D CA NG - \	TERIN PART\	IG ′
	State. DISTICT.											

SCHEDULE B (FEC Form 3X)	Use separate schedule(s)	FOR LINE (check onli	IE NUMBER: PAGE 46 / 57			
TEMIZED DISBURSEMENTS	for each category of the Detailed Summary Page	X 21b 27	22 23 28b	24 25 28c 29	26	
ny Information copied from such Reports and Statem r for commercial purposes, other than using the nam						
NAME OF COMMITTEE (In Full) Massachusetts Republican State Congress	sional Committee					
Full Name (Last, First, Middle Initial) Mccormick & Schmicks Seafood Restaura	nt		Transaction ID: Date of Disburser	nent		
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Full Name (Last, First, Middle Initial) Direct Mail Systems			Transaction ID: Date of Disburser	nent		
Mailing Address 12450 Automobile Boule	vard		04 22	2 2009	Y	
City Clearwater	State Zip Code FL 33762-		Amount of Each D	Disbursement this Pe	eriod	
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Mailing Address 34 Fresno St.	$\begin{array}{c ccccccccccccccccccccccccccccccccccc$		
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Full Name (Last, First, Middle Initial) Brett Kasper			Transaction ID: 90508.E11166 Date of Disbursement
Mailing Address 43 Eastern Ave. Apt. 3	$\begin{array}{c ccccccccccccccccccccccccccccccccccc$		
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or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee Full Name (Last, First, Middle Initial) Barney Keller Mailing Address 187 Lewis Rd. City State Zip Code Barney Category' Candidate Name Office Sought: House President Primary General President Payroll City State Zip Code Barney Reller Mailing Address 187 Lewis Rd. City State Zip Code Barney General Primary General Primary General President State: District: Full Name (Last, First, Middle Initial) Barney Keller Mailing Address 187 Lewis Rd. City State Zip Code Barney General President State: District: Full Name (Last, First, Middle Initial) Barney Keller Mailing Address 187 Lewis Rd. City State Zip Code Barney General President Primary General President State: District: Full Name (Last, First, Middle Initial) Barney Keller Office Sought: House Senate President State: District: Full Name (Last, First, Middle Initial) Barney Keller Office Sought: House Senate Primary General Primary Genera			Detailed S	ummary Page		À	21b 27	22 28a		28b	28c	П	29	X 3
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PAGE 54 / 57 SCHEDULE D (FEC Form 3X) (Use separate FOR LINE NUMBER: schedule(s) **DEBTS AND OBLIGATIONS** for each (check only one) 9 numbered line) **Excluding Loans** X 10 NAME OF COMMITTEE (In Full) Massachusetts Republican State Congressional Committee A. Full Name (Last, First, Middle Initial) of Debtor or Creditor Nature of Debt (Purpose): Original debt for direct mail - party related non FEA **SCM Associates** Steve Meyers Mailing Address 1283 Main Street City ZIP Code State Dublin NH 03444-Outstanding Balance Beginning This Period Transaction ID: LS90508.E11247 6980.45 Amount Incurred This Period Payment This Period Outstanding Balance at Close of This Period 0.00 0.00 6980.45 B. Full Name (Last, First, Middle Initial) of Debtor or Creditor Nature of Debt (Purpose): Original debt for direct mail - party related non FEA **SCM Associates** Mailing Address Steve Meyers 1283 Main Street 7IP Code City State Dublin NH 03444-Outstanding Balance Beginning This Period Transaction ID: LS90513.E11259 3282.16 Amount Incurred This Period Payment This Period Outstanding Balance at Close of This Period 0.00 0.00 3282.16 C. Full Name (Last, First, Middle Initial) of Debtor or Creditor Nature of Debt (Purpose): Original debt for direct mail - party related non FEA SCM Associates Mailing Address Steve Meyers 1283 Main Street ZIP Code City State Dublin 03444-NH Outstanding Balance Beginning This Period Transaction ID: LS90513.E11260 880.53 Amount Incurred This Period Payment This Period Outstanding Balance at Close of This Period 0.00 0.00 880.53 11143.14 1) SUBTOTALS This Period This Page (optional)..... 2) TOTALS This Period (last page this line number only)..... 3) TOTAL OUTSTANDING LOANS from Schedule C (last page only).....

4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only)

PAGE 55 / 57 SCHEDULE D (FEC Form 3X) (Use separate schedule(s) FOR LINE NUMBER: **DEBTS AND OBLIGATIONS** for each (check only one) 9 numbered line) **Excluding Loans** X 10 NAME OF COMMITTEE (In Full) Massachusetts Republican State Congressional Committee A. Full Name (Last, First, Middle Initial) of Debtor or Creditor Nature of Debt (Purpose): Original debt for direct mail - party related non FEA SCM Associates Steve Meyers Mailing Address 1283 Main Street City ZIP Code State 03444-Dublin NH Outstanding Balance Beginning This Period Transaction ID: LS90513.E11261 219.34 Amount Incurred This Period Payment This Period Outstanding Balance at Close of This Period 0.00 0.00 219.34 B. Full Name (Last, First, Middle Initial) of Debtor or Creditor Nature of Debt (Purpose): Original debt for direct mail - party related non FEA **SCM Associates** Mailing Address Steve Meyers 1283 Main Street 7IP Code City State Dublin NH 03444-Outstanding Balance Beginning This Period Transaction ID: LS90513.E11262 5416.25 Amount Incurred This Period Payment This Period Outstanding Balance at Close of This Period 0.00 0.00 5416.25 C. Full Name (Last, First, Middle Initial) of Debtor or Creditor Nature of Debt (Purpose): Original debt for direct mail - party related non FEA SCM Associates Mailing Address Steve Meyers 1283 Main Street ZIP Code City State Dublin 03444-NH Outstanding Balance Beginning This Period Transaction ID: LS90513.E11263 32.49 Amount Incurred This Period Payment This Period Outstanding Balance at Close of This Period 0.00 0.00 32.49 5668.08 1) SUBTOTALS This Period This Page (optional)..... 2) TOTALS This Period (last page this line number only)..... 3) TOTAL OUTSTANDING LOANS from Schedule C (last page only)..... 4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only)

PAGE 56 / 57 SCHEDULE D (FEC Form 3X) (Use separate FOR LINE NUMBER: schedule(s) **DEBTS AND OBLIGATIONS** for each (check only one) 9 numbered line) **Excluding Loans** X 10 NAME OF COMMITTEE (In Full) Massachusetts Republican State Congressional Committee A. Full Name (Last, First, Middle Initial) of Debtor or Creditor Nature of Debt (Purpose): Original debt for direct mail - party related non FEA **SCM Associates** Steve Meyers Mailing Address 1283 Main Street City ZIP Code State Dublin NH 03444-Outstanding Balance Beginning This Period Transaction ID: LS90513.E11264 3395.83 Amount Incurred This Period Payment This Period Outstanding Balance at Close of This Period 0.00 0.00 3395.83 B. Full Name (Last, First, Middle Initial) of Debtor or Creditor Nature of Debt (Purpose): Original debt for direct mail - party related non FEA **SCM Associates** Mailing Address Steve Meyers 1283 Main Street 7IP Code City State Dublin NH 03444-Outstanding Balance Beginning This Period Transaction ID: LS90513.E11265 328.84 Payment This Period Amount Incurred This Period Outstanding Balance at Close of This Period 0.00 0.00 328.84 C. Full Name (Last, First, Middle Initial) of Debtor or Creditor Nature of Debt (Purpose): Original debt for direct mail - party related non FEA SCM Associates Mailing Address Steve Meyers 1283 Main Street ZIP Code City State Dublin 03444-NH Outstanding Balance Beginning This Period Transaction ID: LS90513.E11266 803.20 Amount Incurred This Period Payment This Period Outstanding Balance at Close of This Period 0.00 0.00 803.20 4527.87 1) SUBTOTALS This Period This Page (optional)..... 2) TOTALS This Period (last page this line number only)..... 3) TOTAL OUTSTANDING LOANS from Schedule C (last page only).....

4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only)

PAGE 57 / 57 SCHEDULE D (FEC Form 3X) (Use separate schedule(s) FOR LINE NUMBER: **DEBTS AND OBLIGATIONS** for each (check only one) 9 numbered line) **Excluding Loans** X 10 NAME OF COMMITTEE (In Full) Massachusetts Republican State Congressional Committee A. Full Name (Last, First, Middle Initial) of Debtor or Creditor Nature of Debt (Purpose): Original debt for research party related Lexis-Nexis Mailing Address PO Box 7247-7090 City State ZIP Code Philadelphia PA 19170-Outstanding Balance Beginning This Period Transaction ID: LS90513.E11275 250.00 Outstanding Balance at Close of This Period Amount Incurred This Period Payment This Period 0.00 0.00 250.00 B. Full Name (Last, First, Middle Initial) of Debtor or Creditor Nature of Debt (Purpose): Original debt for research Lexis-Nexis party related Mailing Address PO Box 7247-7090 ZIP Code City State Philadelphia PA 19170-Outstanding Balance Beginning This Period Transaction ID: LS90513.E11276 250.00 Amount Incurred This Period Outstanding Balance at Close of This Period Payment This Period 0.00 0.00 250.00 C. Full Name (Last, First, Middle Initial) of Debtor or Creditor Nature of Debt (Purpose): Original debt for research Lexis-Nexis party related Mailing Address PO Box 7247-7090 State ZIP Code City Philadelphia PΑ 19170-Outstanding Balance Beginning This Period Transaction ID: LS90513.E11277 1250.00 Amount Incurred This Period Payment This Period Outstanding Balance at Close of This Period 0.00 0.00 1250.00 1750.00 1) SUBTOTALS This Period This Page (optional)..... 23089.09 2) TOTALS This Period (last page this line number only)..... 0.00

23089.09

3) TOTAL OUTSTANDING LOANS from Schedule C (last page only).....

4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only)